



What is Optimum Foetal Positioning?

'Optimal Foetal Positioning' (OFP) is a theory developed by a midwife, Jean Sutton, and Pauline Scott, an antenatal teacher, who found that the mother's position and movement could influence the way her baby lay in the womb in the final weeks of pregnancy. Many difficult labours result from 'malpresentation', where the baby's position makes it hard for the head to move through the pelvis, so changing the way the baby lies could make birth easier for mother and child.

The 'occiput anterior' position is ideal for birth - it means that the baby is lined up so as to fit through your pelvis as easily as possible. The baby is head down, facing your back, with his back on one side of the front of your tummy. In this position, the baby's head is easily 'flexed', ie his chin tucked onto his chest, so that the smallest part of his head will be applied to the cervix first. The position is usually 'Left Occiput Anterior' or LOA - occasionally the baby may be Right Occiput Anterior or ROA.

The 'occiput posterior' (OP) position is not so good. This means the baby is still head down, but facing your tummy. Mothers of babies in the 'posterior' position are more likely to have long and painful labours as the baby usually has to turn all the way round to facing the back in order to be born. He cannot fully flex his head in this position.

If your baby is in the occiput posterior position in late pregnancy, he may not engage (descend into the pelvis) before labour starts. The fact that he doesn't engage means that it's harder for labour to start naturally, so your baby are more likely to be 'late'. Braxton-Hicks contractions before labour starts may be especially painful, with lots of pressure on the bladder, as the baby tries to rotate while it is entering the pelvis.

Sutton and Scott note that the rate of posterior presentation has increased drastically in the last few decades, apparently in line with changes in the way women use their bodies. Any position that tilts Mom's pelvis back... such as a couch, recliner, or car seat, may persuade her unborn baby to position himself to the back or posterior part of her pelvis.

Practicing optimal fetal positioning during the last six weeks of pregnancy is non-invasive and includes the use of appropriate maternal postures and exercises that encourage your unborn baby to move into a position where his head can move through your pelvis without restriction. Nothing in life is a guarantee, but at least you will have a good head start at having a more natural, less medicalised birth.

Pay attention to your posture at the time when your baby may be starting to 'engage', which means its head will be descending into the pelvis. This means for the last six weeks of your first pregnancy, and the last two or three weeks of subsequent pregnancies. In your second and later pregnancies, the uterus is more “roomy” and the baby will not normally start to descend into the pelvis until later, and often not until labour starts.

What position is your baby in?

This is important because you need to know when your baby moves into a good position, so that you can encourage it to stay there! You can learn to tell what position your baby is in, by asking midwives to show you what to look out for, and by practicing feeling for the baby yourself.

When the baby is anterior, the back feels hard and smooth and rounded on one side of your tummy, and you will normally feel kicks under your ribs. Your belly button (umbilicus) will normally poke out, and the area around it will feel firm. When the baby is posterior, your tummy may look flatter and feel more squashy, and you may feel arms and legs towards the front, and kicks on the front towards the middle of your tummy. The area around your belly button may dip in to a concave, saucer-like shape.

If you feel the baby move, try work out what body part was moving. Remember that heads feel hard and round, while bottoms feel soft and round! It may take a lot of concentration and trying to work things out at first, but you soon get the hang of it. You may find it easier to feel your baby's position if you lie on your back with your legs stretched flat out.

If your baby is posterior, you may find that you suffer backache during late pregnancy (of course, many women suffer backache then anyway). You may also experience long and painful 'practice contractions' as your baby tries to turn around in order to engage in the pelvis.

Practical steps to avoid posterior positions

The baby's back is the heaviest side of its body. This means that the back will naturally gravitate towards the lowest side of the mother's abdomen. So if your tummy is lower than your back, eg you are sitting on a chair leaning forward, then the baby's back will tend to swing towards your tummy. If your back is lower than your tummy, eg you are lying on your back or leaning back in an armchair, then the baby's back may swing towards *your* back.

Avoid positions which encourage your baby to face your tummy. The main culprits are said to be lolling back in armchairs, sitting in car seats where you are leaning back, or anything where your knees are higher than your pelvis.

The best way to do this is to spend lots of time kneeling upright, or sitting upright, or on hands and knees. When you sit on a chair, make sure your knees are lower than your pelvis, and your trunk should be tilted slightly forwards.

- Watch TV while kneeling on the floor, over a beanbag or cushions, or sit on a dining chair. Try sitting on a dining chair facing (leaning on) the back as well.
- Use yoga positions while resting, reading or watching TV - for example, tailor pose (sitting with your back upright and soles of the feet together, knees out to the sides)
- Sit on a wedge cushion in the car, so that your pelvis is tilted forwards. Keep the seat back upright.
- 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.
- Sleep on your side, not on your back.
- Avoid deep squatting, which opens up the pelvis and encourages the baby to move down, until you know he/she is the right way round. Jean Sutton recommends squatting on a low stool instead, and keeping your spine upright, not leaning forwards.
- Swimming with your belly downwards is said to be very good for positioning babies - not backstroke, but lots of breaststroke and front crawl. Breaststroke in particular is thought to help with good positioning, because all those leg movements help open your pelvis and settle the baby downwards.
- A Birth Ball can encourage good positioning, both before and during labour. The vinyl ball can be used to relax the pelvis. During pregnancy the birth ball will be used as a seat. Place the ball on a clean floor free of debris and sharp objects. A chair or solid piece of furniture should be nearby to steady the user when getting on and off the ball. The pregnant woman will sit on the ball with her feet approximately 20-25 inches apart. A partner can help her to get on and off the ball the first few times she is using the ball. When seated on the birth ball the expecting mother can rock side to side, back to front and use a combination of circular and figure eight motions with the pelvis. Some women will use the vinyl ball as an alternative to a desk chair when working at home or work.

