



HOW TO PREVENT A POSTERIOR LABOR

POSTERIOR LABOR HAPPENS WHEN YOUR BABY'S HEAD IS FACE UP TO YOUR BELLY BUTTON (FACE DOWN AKA ANTERIOR IS THE MOST COMMON POSITION) AND THE OCCIPUT (THE BACK OF BABY'S HEAD) IS PRESSING AGAINST YOUR SPINE. ALTHOUGH IT'S NOT ALWAYS THE CASE, A POSTERIOR POSITION CAN CAUSE LONGER LABORS AND SEVERE BACK PAIN DURING LABOR.

THE FOLLOWING ARE SOME HELPFUL EXERCISES THAT SHOULD ENCOURAGE BABY TO ROTATE TO AN ANTERIOR POSITION. THE EXERCISES SHOULD PREFERABLY BE STARTED AT LEAST 6 WEEKS BEFORE THE ESTIMATED DUE DATE, BUT HAVE BEEN FOUND EFFECTIVE UP UNTIL THE FINAL FEW DAYS OR EVEN HOURS BEFORE THE BIRTH. THESE EXERCISES AND POSITIONS WON'T TURN AN ANTERIOR BABY TO POSTERIOR, SO IF YOU'RE NOT SURE OF YOUR BABY'S POSITION THESE POSTERIOR PREVENTION TECHNIQUES CAN'T DO ANYTHING BUT HELP.

*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. THOSE NIFTY OFFICE CHAIRS WITH KNEE RESTS ARE ALSO GREAT. THE GOAL IS TO KEEP THE PELVIS FORWARD AT ALL TIMES.

*KEEP ACTIVE, WALK AS MUCH AS POSSIBLE.

*PRACTICE PELVIC ROCKS ON YOUR HANDS AND KNEES EVERY DAY, THREE TIMES PER DAY FOR 20 MINUTES OR SO.

*TAKE UP THE KNEE-TO-CHEST POSITION (SOMETIMES CALLED THE PLAYFUL PUPPY POSE...CHEST TO THE FLOOR AND BUM UP IN THE AIR) FOR AN HOUR OR SO EVERYDAY. SOME PEOPLE PREFER THIS BECAUSE IT WILL PREVENT A POSTERIOR BABY FROM ENGAGING IN THE PELVIS UNTIL IT IS IN A GOOD POSITION. (ONCE BABY HAS ENGAGED IN A POSTERIOR POSITION, IT IS MUCH LESS LIKELY THAT THEY 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.

*TALK TO YOUR BABY, ASK HIM/HER TO TURN TO AN ANTERIOR POSITION. OR BETTER YET, ASK THAT THEY TURN INTO A POSITION THAT WILL HELP LABOR. (SOMETIMES THERE IS A GOOD REASON FOR BABY TO BE POSTERIOR.)

*VISUALIZE AN ANTERIOR BABY, PREFERABLY LOA (LEFT OCCIPUT ANTERIOR) WITH BABY'S BUM IN YOUR FRONT, WITH THE BODY SLIGHTLY TO THE LEFT OF YOUR BELLY BUTTON AND HEAD DOWN.

*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 HE/SHE ROTATES AND THEN IT'S LESS LIKELY THAT THEY WILL TURN TO ANTERIOR.

SOMETIMES THESE METHODS STILL DON'T WORK. PERHAPS IT COULD BE BECAUSE THERE IS A GOOD REASON YOUR BABY IS POSTERIOR...MAYBE THAT IS THE ONLY WAY HE/SHE CAN ENTER THE PELVIS, OR IT'S POSSIBLE THE PLACENTA IS IN THE WAY (FOR EXAMPLE AN ANTERIOR PLACENTA MAY PREDISPOSE YOU TO A POSTERIOR BABY). TALK TO YOUR BABY, AND ASK YOUR BABY IF YOU SHOULD TAKE ANY EXTRA MEASURES TO TURN HIM/HER. IF YOU FEEL COMFORTABLE THAT THERE ISN'T ANY REALLY GOOD REASON FOR BABY TO BE POSTERIOR AND THE ABOVE MEASURES TRIED FOR A COUPLE WEEKS HAVE NOT WORKED, YOU MIGHT CONSIDER TRYING THE FOLLOWING IN ADDITION TO THE ABOVE EXERCISES.

*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.

*IF YOU ARE CERTAIN OF THE BABY'S POSITION, ASSUME THE HANDS AND KNEES POSITION AND MASSAGE YOUR BABY OR ENCOURAGE THEM INTO AN ANTERIOR POSITION. DO IT VERY GENTLY...DO NOT FORCE THE BABY. THIS MAY BE BETTER DONE WITH A MIDWIFE PRESENT, OR SOMEONE TO HELP MONITOR BABY'S HEARTBEAT.

*SINCE BABIES TEND TO TURN THEIR BACKS TOWARDS 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 FIN INTO AN OPTIMAL POSITION.

*SOMETIMES A POSTERIOR POSITION IS CAUSED BY A LACK OF STRENGTH IN YOUR LOWER STOMACH MUSCLES...IN THIS CASE A BELLY SUPPORT OR BELLY

BINDING (A LARGE SHEET OR TOWEL WRAPPED TIGHTLY AROUND THE BELLY FOR SUPPORT) MIGHT HELP.

*IF IT'S A CORD PREVENTING BABY FROM TURNING, TRY PERHAPS ROTATING BABY THE OPPOSITE DIRECTION (FOR EXAMPLE, AT NIGHT TRY SLEEPING ON YOUR RIGHT SIDE INSTEAD OF YOUR LEFT). THIS CAN HELP UNWRAP BABY AND ENCOURAGE HIM/HER TO TURN.

*OFTEN CHIROPRACTIC ADJUSTMENTS OF THE BACK AND PELVIS WILL BE JUST WHAT THE BABY NEEDS TO ROTATE. A MOTHER'S SACRAL AREA MIGHT BE JAMMED OR JUST TIGHT, AND THAT, ALONG WITH A MISALIGNED TAILBONE, COULD FORCE THE BABY TO BECOME POSTERIOR. CHIROPRACTIC ADJUSTMENTS THROUGHOUT PREGNANCY SHOULD AVOID THIS SITUATION ALTOGETHER. THERE IS ALSO A CHIROPRACTIC TECHNIQUE CALLED "DIAPHRAGMATIC RELEASE" AND IS SUPPOSED TO TURN POSTERIOR BABIES EVERY TIME. ASK YOUR CHIROPRACTOR ABOUT IT.

WHAT TO DO IF YOU GO INTO LABOR AND YOUR BABY IS STILL POSTERIOR.

*DON'T GET TOO WORRIED...THE VAST MAJORITY OF POSTERIOR BABIES ROTATE DURING LABOR AND THOSE WHO DON'T ARE OFTEN BORN "SUNNY-SIDE-UP". SOME POSTERIOR ACTUALLY ARE BORN PRECIPITOUSLY WITH NO BACK LABOR, DEPENDING ON HOW WELL FLEXED THE HEAD IS. BABIES COME OUT!

*FIRST THING IS TO GET INTO A KNEE-TO-CHEST POSITION AND STAY THERE FOR AT LEAST 45 MINUTES, OR UNTIL BABY TURNS. BE SURE TO HAVE LOTS OF PILLOWS ON HAND SO YOU CAN STAY IN THIS POSITION COMFORTABLY FOR AS LONG AS REQUIRED.

*SOMETIMES DOING STAIRS TWO AT A TIME BETWEEN CONTRACTIONS (WITH A SPOTTER ON EACH SIDE) WILL JIGGLE THE BABY'S HEAD ENOUGH FOR IT TO TURN OR MOVE THE PELVIC BONES ENOUGH FOR BABY TO TURN.

*BELLY LIFTING IS ANOTHER TECHNIQUE FOR WHEN BABY WON'T TURN AND DILATION IS SLOW. WITH SOMEONE SUPPORTING YOU FROM THE BACK, LEAN BACK, ARCHING YOUR SPINE, AND WITH BOTH HANDS AROUND YOUR BELLY NEAR THE BABY'S BUM, PULL UP DURING A CONTRACTION. THIS REALIGNS THE VECTORS SO THAT BABY'S HEAD WILL PUT MORE PRESSURE ON THE CERVIX HELPING IT TO DILATE MORE QUICKLY.

*A BIG POOL FILLED WITH WATER WILL RELIEVE A LOT OF THE BACK PAIN AND WILL HELP BABY TO TURN, SO PLAN A WATER BIRTH!

*HAVE SOMEONE PRESS ON THE UPPER PART OF YOUR SACRUM, TO HOPEFULLY MOVE THE LOWER PART AWAY FROM BABY'S HEAD, LESSENING BACK PAIN AND HOPEFULLY GIVING BABY MORE ROOM IN THE PELVIS TO TURN.

*SOMETIMES SOMETHING CALLED THE "DOUBLE HIP SQUEEZE" CAN GIVE BABY MORE ROOM IN THE OUTLET TO COME DOWN IF HE/SHE IS NOT DESCENDING. HAVE YOUR PARTNER, OR TWO HELPERS, PRESS ON EACH SIDE OF YOUR HIPS, WITH CONSIDERABLE FORCE DURING EACH CONTRACTION. THIS SHOULD FORCE OPEN THE OUTLET OF THE PELVIS TO HELP BABY DESCEND. THIS MANEUVER OFTEN LESSENS THE PAIN FOR THE MOTHER CONSIDERABLY.

*SITTING BACKWARDS ON A TOILET IS A GOOD WAY TO LOOSEN UP IN ANY LABOR, BUT IN A POSTERIOR LABOR THAT SMALL BIT OF RELAXATION IN THE PELVIC AREA, COMBINED WITH THE FORWARD LEANING MAY BE JUST WHAT THE BABY NEEDS TO TURN.

THINGS YOUR CAREGIVER CAN DO TO HELP.

*MANY MIDWIVES ARE ABLE TO MANUALLY ROTATE A POSTERIOR BABY, EVEN IF YOU ARE ONLY A COUPLE OF CENTIMETERS DILATED. BE CERTAIN TO DISCUSS THIS WITH YOUR CAREGIVER BEFORE HAND...THERE IS ALWAYS THE SLIGHT RISK OF TURNING A BABY WHO WASN'T POSTERIOR.

*THIS MIGHT BE HELPFUL FOR THOSE WHO AREN'T SURE EXACTLY WHAT BABY'S POSITION IS...GET IN A KNEE-CHEST POSITION AND HAVE YOUR CAREGIVER PUSH THE BABY'S HEAD OUT OF THE PELVIS. THE BABY'S HEAD SHOULD COME DOWN IN A MORE FAVORABLE POSITION.

*SOME MIDWIVES ARE ABLE TO DO STERILE WATER INJECTIONS IN YOUR BACK TO ALLEVIATE THE BACK PAIN IN A POSTERIOR LABOR AND HOPEFULLY THE PAIN RELIEF HELPS THE MOTHER RELAX ENOUGH SO THE BABY CAN TURN. THIS DOESN'T ALWAYS WORK HOWEVER... EITHER THE PAIN RELIEF IS INCOMPLETE OR BABY DOESN'T TURN ANYHOW. IT'S WORTH A TRY THOUGH.

*IT'S POSSIBLE FOR YOUR CAREGIVER TO JIGGLE YOUR THIGHS (BASICALLY GRABBING THE INSIDE OF YOUR THIGHS AND SHAKING REALLY HARD) DURING LABOR TO HELP RELAX YOUR WHOLE PELVIS AND SHAKE BABY INTO POSITION. THIS HAS BEEN KNOWN TO WORK VERY WELL. JIGGLING THE FATTY PART OF THE HIPS CAN HELP TOO. YOUR PARTNER, A FRIEND OR OTHER BIRTH ATTENDANTS OF COURSE CAN DO THIS AS WELL.

REMEMBER, HOWEVER YOUR BIRTH TURNS OUT, EVEN IF IT'S NOT THE LABOR OR BIRTH YOU WANTED OR ENVISIONED, IT IS A SACRED AND MIRACULOUS EVENT THAT OFFERS EACH WOMAN AND HER FAMILY AN OPPORTUNITY TO GROW AND EVOLVE WITH THEIR NEW AND UNIQUE EXPERIENCE.