

What you need to know about

Optimal Fetal Positioning



What is OFP?

In 1996 Pauline Scott coined the phrase Optimal Fetal Positioning to describe the work of Midwife Jean Sutton in their joint published work that revolutionized Childbirth Education. In short, OFP is understanding and influencing the way the baby lies to promote optimal fetal positioning of the baby. Which in turn could help to make the birth easier for mother and child.

Why is it relevant?

The easiest position for baby to be born in is head down, facing your back, with their back on one side of the front of your tummy. This position, aligns baby in such a way that baby's head will be applied to the cervix first, i.e. the chin tucked into the chest therefore baby can easily flex to move through the pelvis. This position is called *occiput anterior* or in shorthand (OA). The *occiput posterior* (OP) position is not as ideal. In a posterior position, the baby is still head down, but facing your tummy instead of your back. When baby is in the *posterior* position, you are more likely to have longer and more painful labor ("back labor") as the baby usually has to turn all the way around to face your back in order to be born. Since baby cannot fully flex their head in this position the diameter of their head, which has to enter the pelvis, is greater. This means that often posterior babies do not engage (descend into the pelvis) before labor starts.

What does this mean?

The fact that OP babies do not engage before labor means that it's harder for labor to start naturally, so they are more likely to be born post-dates. Braxton Hicks, or pre-labor, contractions may be especially painful as there is lots of pressure on the bladder as baby tries to rotate while entering the pelvis. It's also important to note that sometimes a low anterior placenta can be the reason why a baby is posterior.

How do I know what position baby is in?

When baby is *anterior*:

- you can feel baby's back--hard and smooth and rounded on one side of your tummy
- you will normally feel kicks under your ribs

When baby is *posterior*:

- your tummy may look flatter and feel more squishy
- you may feel arms and legs towards the front
- you may feel kicks on the front towards the middle of your tummy
- the area around your belly button may dip into a concave, saucer-like shape



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How Do I Avoid A Posterior Presentation?

The baby's back is on the heaviest side of its body. This means that the back will naturally gravitate towards the lowest side of your abdomen. So utilize gravity by sitting, standing, and moving in ways where your tummy is lower than your back. Be mindful of the positions you spend most of your time in, e.g. if you are lying on your back or slouching on a sofa, then the baby's back may swing towards your back. Avoid these positions that encourage your baby to face your tummy such as:

- lolling back in armchairs with or without your feet up
- sitting in seats where you are leaning back; car seats are bad culprits
- anything where your knees are higher than your pelvis

Spinning Babies®

Spinning Babies® is a paradigm of physiological release rather than mechanical. In this way, Spinning Babies® extends the concepts of Optimal Fetal Positioning™ (OFP), which was a recent, break-through concept in childbirth education. This means Spinning Babies® is a much wider approach than OFP and cannot be exactly equated. For more information on Spinning Babies® and how it can help you please visit www.spinningbabies.com.

Positions that promote OFP:

Spend lots of time in the following positions and/or use the suggested movements to help position baby.

- leaning forward over a beanbag or large cushion
- swim with abdomen down, i.e. breast stroke or front crawl
- when resting lie on your side, preferable the left
- going on all fours/hands-and-knees: visualize the uterus as a hammock in which the baby lies thus in this position the baby would tend to lie with its back towards your tummy button
- sit with knees lower than hips; when you sit on a chair, make sure your knees are lower than your pelvis, and your trunk should be tilted slightly forwards.
- try turning a dining chair around and sit astride it facing the back
- use of a birth ball can encourage good positioning, both before and during labor
- walk up and down stairs, sideways if you find it too hard
- move your pelvis, do figure "8" or rock from side to side
- use squatting, leaning forward or all-fours/hands-and-knees positions

Resources & Further Reading:

- www.birthresources.org
- www.bellybelly.com.au
- www.spinningbabies.com
- www.optimal-foetal-positioning.co.nz

