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Early Labor Positioning Tips

There is no one perfect position for labor. There are many different positions you can try during labor that can help you cope with contractions. By involving your partner in some labor positions, you might feel greater support as well. As your labor progresses, you can try different positions until you find one that helps you feel more comfortable at that given time.

Keep in mind that with the use of some pain relief medications in the hospital, you might be restricted to bed or a specific position. If you have preferences for your position during labor, talk to your health care provider.

Positions of Your Baby

The anterior position (also known as occiput anterior or OA):

- Your baby's face is looking toward the floor and the spine is anterior in your body. This is the most common position and the most effective one for his journey through your pelvis. This angle offers the line of least resistance.

The posterior position (also known as occiput posterior or OP):

- In the posterior position, your baby's face is looking at the ceiling (sunny side up) and the spine may be posterior (lying against your spine).
- In this position, your baby may meet with some resistance because of the angle it has begun in. This position presents a larger diameter of the fetal head into the pelvis and can lead to a more painful labor, often with back pain specifically. Cervical change tends to happen more slowly and the pushing phase is often longer than when a baby is OA.
- If you have enough room in your pelvis, baby may pass through without needing to rotate to an anterior position. A baby can rotate out of the OP position at any time during the labor course, but sometimes they become wedged in this position and can't rotate to a more favorable position.
- A few babies can remain posterior and this may not be a problem. When this happens, baby will be born face up or "sunny side" up.

The occiput transverse position:

- Your baby may decide to lie in between the anterior (OA) and the posterior (OP) positions. This is called lying in the transverse position, also known as occiput transverse (OT). The baby is looking at one of your hips.
- From this side position it will usually turn to your front into the OA position. This may occur prior to labor beginning or as labor starts.

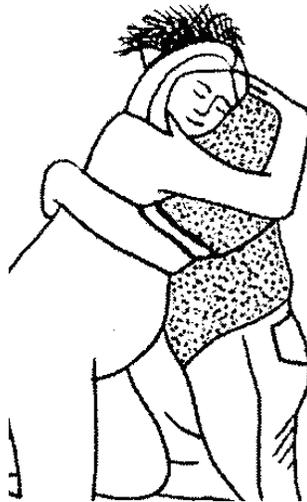
- Occasionally, he/she will turn to the posterior position.

Breech position:

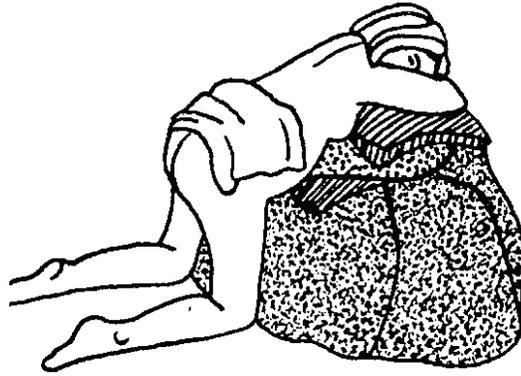
- Half way through your pregnancy your baby can be lying either head or buttocks down position. By the end of the pregnancy a few (3 –4 %) will remain with the bottom presenting first. This is called a breech position. If it is breech, by 36 weeks we can give you literature to give you exercises that can encourage your breech baby to turn to head down.

The best position for baby in labor is the anterior position, with the baby's face looking down and the spine along the front of the mom's belly. This typically results in the least painful, quickest labor. When a mother has consistent good posture and stays flexible with regular exercise, her baby will usually move into this position. This can happen at any time before or during labor. Below are some positions that can facilitate your baby moving into this optimal position and positions that often to help labor progress more easily.

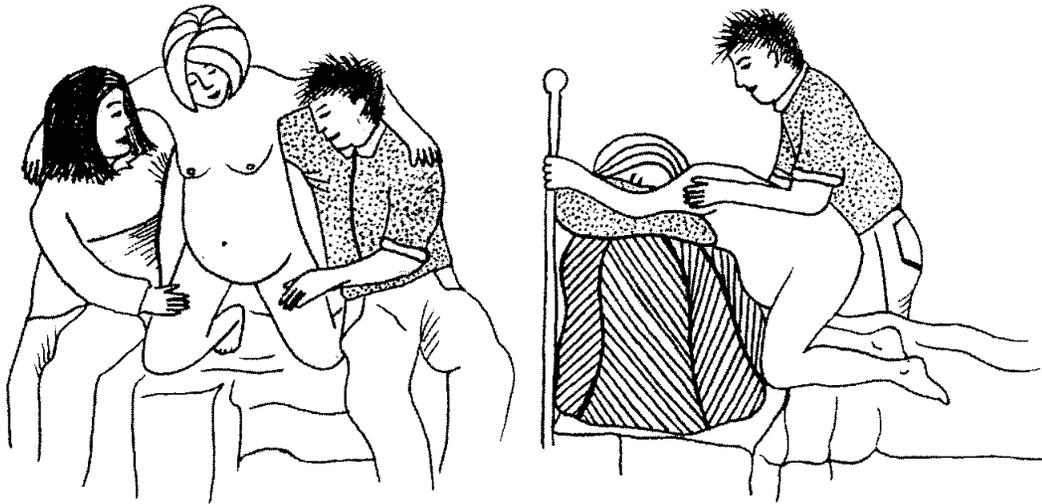
Positions for Labor



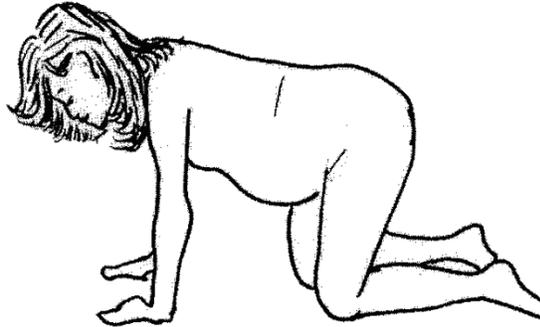
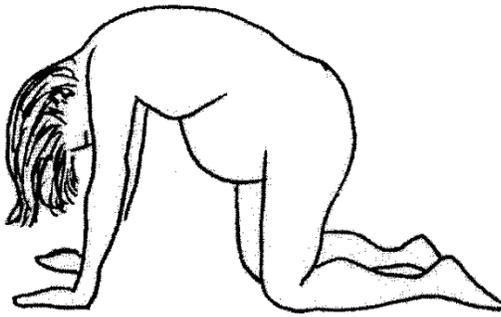
- Standing or walking can help labor gain momentum, especially in early stages of labor. Lean on your partner for support during contractions or wrap your arms around your partner's neck and start swaying (as though you are slow dancing). You can have your partner give you a back rub in this position.
- During labor, rhythmic motions can be soothing. Gently rocking while sitting on a chair, on the edge of the bed or a birthing ball with your knees apart can be helpful. You can then lean forward slightly while you are sitting, and move the ball around under you too, to allow you to change position slightly as needed. It again gives you the chance to stretch your calf muscles when you place your feet flat against the floor, and your inner thigh muscles if you have your legs comfortably apart.



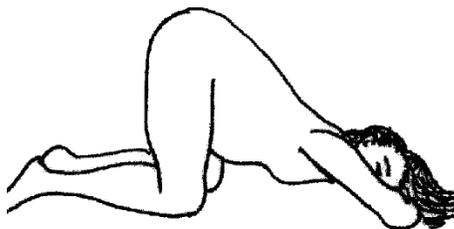
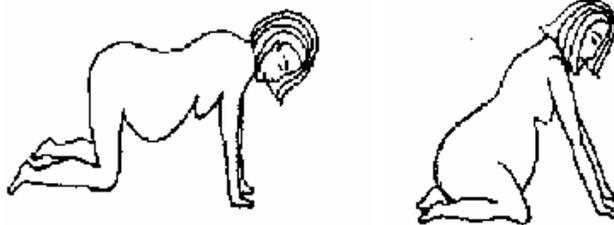
- Kneel on the floor leaning over a large bean bag chair or floor cushion or birthing ball to watch TV. You can make a dent in the bean bag for your belly and rest on it. Remember to keep your knees apart. If you use a supported kneeling or hands and knees postures from time to time during your labor, it will help increase the internal diameters of your pelvis and give your baby more room to maneuver his/her head through your pelvis.



- As second stage approaches, the supported kneeling will allow your pelvis to move forwards, automatically raising your sacrum and tailbone (coccyx) higher than your pubic bone.



- Hands and knees or cat to cow position is helpful in labor. Have hands and knees shoulder and hip width apart starting in a neutral spine position. Round your back, tuck in your pelvis and take a deep breath in. Then let your breath out as you arch your low back and push your pelvis out and away. Do this 10 times in a row, or as long as it feels comforting to you.



- You can also be on your hands and knees and swing your hips forward or try the 'knee to chest' position with your bottom in the air both with hips apart. Support your arms or upper body with pillows or you can have your partner sit in a chair in front of you and lean in on his/her thighs.

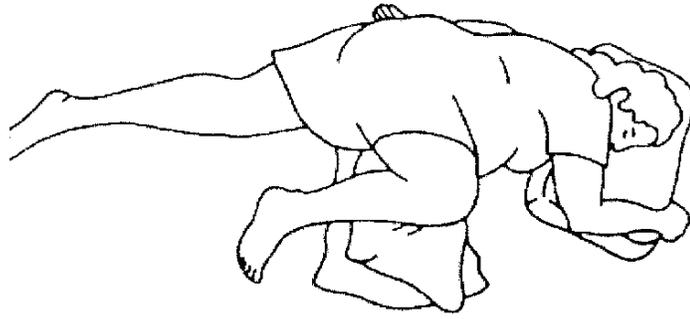
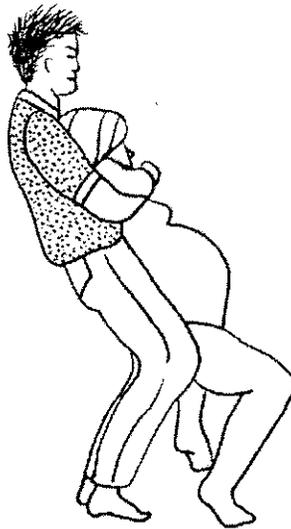
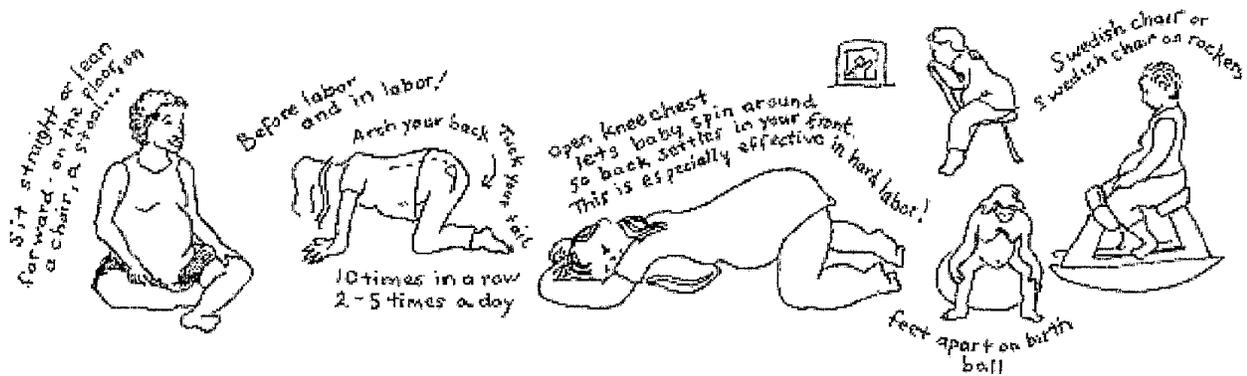


Illustration by Shanna Dela Cruz copyright Ruth Ancheta 1994, 1999 and 2005 reprinted by permission from Simkin. P. & Ancheta R. (2006) The Labor Progress Handbook. Oxford Blackwell Publishing. web site: www.pennysimkin.com/Old%20Site/PDF%20files/Supporting%20the%20Woman%20Epidural%20Complete.pdf

- When resting or sleeping, lie on your left side to encourage your baby to roll over and maximizing blood flow to your uterus and baby. Put pillows behind your back and place your right leg forwards over your left leg until your tummy almost touches the mattress. This ensures that your tummy is leaning forward creating a “hammock” for your baby. You can also use a body pillow shaped into a crescent, or a breast feeding pillow under your torso to support your belly. Or you can lie more to your side and place a pillow between your knees.



- Supported Squatting: If you want to use a squatting posture for birthing, it is best accomplished in a modified supported squat. In this position your feet are flat on the floor with your butt at least 18 inches above the floor. Your hip joints are in front of your ankles and your back is supported either by your partner or labor support person. Squatting in this way allows you to throw your pelvis as your baby’s head extends, ready to be born. You can also use a sturdy chair for support and squat down or squat leaning against the wall.



Remember, there is no perfect position for labor. Be flexible and try a variety of positions. You may need to experiment during labor to find the most effective positions in pain relief.

This information and illustrations are derived from 3 sources:

We would like to thank the authors of the books that made this information possible;

Jean Sutton & Pauline Scott - *Understanding and Teaching Optimal Foetal Positioning*
 Published by Birth Concepts New Zealand 1995, 1996
 Pauline Scott - *Sit Up and Take Notice - Positioning Yourself for a Better Birth*
 Published Great Scott Publications New Zealand, 2003

Thank you for permission from Pauline Scott to use the information and pictures from her books.

Thank you to Penny Simkin, and Ruth Ancheta for permission to use the illustration for the side lying position. It is posted on the web site cited under the picture.