Position, Position, Position!

One of the things your caregiver checks at each visit during your pregnancy is the position of the baby inside your uterus (womb). The baby’s position changes regularly throughout the pregnancy until around 34 weeks or later. By the last month before birth, most babies are lying with their heads toward the birth canal in the head down position. If the baby is head up with its buttocks toward the birth canal this is called a breech position. If the baby is lying horizontally (side to side) this is called a transverse position. If you take note of where you are feeling the baby kicking late in the pregnancy it will give you an idea of what position the baby is in. When the baby’s back is on your left side for example you are likely to feel the baby kicking on your right side.

After 34 weeks the position of the baby is recorded on your antenatal card (pregnancy record card). The position is written as a three letter abbreviation, which identifies where the baby’s back is lying in relation to the mother’s back and which part of the baby is moving into the pelvis.

L = left and lateral (meaning on the mother’s side)
R = right
A = anterior
P = posterior
O = occipito (this is the large bone at the back of the baby’s head)
S = sacral (this is the bone at the base of the baby’s spine and is used to denote a breech/bottom first position)

LOA = Left (the baby is lying the mother’s left side) Occipito (the baby’s head is pointing down into the pelvis) Anterior (the baby’s back is against the front of her tummy).
ROP = Right (the baby is lying on the mother’s right side) Occipito (the baby’s head is pointing down into the pelvis) Posterior (the baby’s back is against the mother’s back).
RSL = Right (the baby is lying on the mother’s right side) Sacral (the baby’s sacrum is pointing into the pelvis) Lateral (the baby’s back is lying against the mother’s side)

The part of the baby that is closest to the pelvis and birth canal is referred to as the presenting part and is written as vertex, cephalic or ceph (meaning head) and Br (meaning breech),

In addition to these abbreviations some caregivers use symbols to show the baby’s position such as a 6 if the baby’s head is down on the mother’s right side and a 9 if the baby is presenting bottom first (breech) and on your left side. The symbols are reversed for the corresponding sides.

Anterior Position

The anterior head down position (occipito anterior) is considered the most normal and the position best suited to the normal birth process. This position allows the contractions to work in the most effective way to encourage flexion of the baby’s head (meaning the chin on chest position) and subsequent descent and movement of the baby through the birth canal.
Posterior Position
When the baby’s back is lying against the mother’s back this is referred to as a posterior position. Just the mere mention of a posterior position can induce anxiety and concern in women due to the horror stories that abound regarding long labours and the back pain associated with the position. Whilst in some labours the stories are true, if your baby is in a posterior position prior to labour do not presume your labour will be long and difficult. With good strong labour contractions most of the babies in a posterior position will turn into an anterior position and those that do not often descend through the birth canal and come out facing up (instead of facing down as in the anterior position). So have faith in your body and it’s ability to give birth and try and stay positive.

There is a general belief that the incidence of babies getting into a posterior position in the uterus is on the increase due to our sedentary lifestyles so don’t be a couch potato get up and move! To encourage your baby into the anterior position try the all fours or crawling position regularly and swim freestyle or with a kick board in late pregnancy. You can also try sleeping on the opposite side to where the baby is lying.

Breech Position
It is normal for the baby to be in a breech position from 20-35 weeks but she should turn into a head down position by 37 weeks. Approximately three percent of babies remain in a breech position after 36 weeks. If your midwife or doctor suspects the baby is in a breech position an ultrasound will be performed to confirm the position and the type of breech it is. The ultrasound is also used to ensure there are no physical complications. Types of breech positions are:
Frank breech - the baby is positioned in a tight ‘V’ shape with her feet up near her ears. A frank breech is considered the easiest type of breech to deliver vaginally.
Complete breech - the baby is sitting in the mother’s pelvis with legs crossed
Footling breech – one of the baby’s feet is pointing down into the birth canal
Stargazing breech – the baby’s head is looking up as if into the sky. This type of breech position is unable to be delivered vaginally.

Breech births sometimes go fine but there is an increased risk of injuries to the baby subsequently the head down position for the baby is preferred. After the ultrasound confirms the breech position your caregiver is likely to suggest an external cephalic version (ECV) to turn the baby into a head down position. This is normally done around 36-38 weeks and requires a skilled and experienced doctor. An ECV has a success rate of 60-80% when you have had a baby before and the success rate for first time mothers is 30-50 %.

Some breech babies will turn of their own accord in late pregnancy but common tips to encourage the baby to turn are:
- Elevating your hips using a couple of pillows for twenty minutes, three times a day
- Acupuncture with a qualified acupuncturist
- Massaging your belly in a circular motion encouraging the baby to follow her nose
Positions that are not so common

Face
When the baby presents with her head down but extended (looking back up) this is called a face presentation. A baby coming face first can deliver normally providing the baby’s chin is forward in the mother’s pelvis and the baby’s back is against the mother’s back.

Brow
A brow presentation is when the baby’s head is pointing down and in a sniffing position as opposed to the most common chin on chest position of the occiput presentation or the extended position of the face presentation. The sniffing position of the baby’s head means that the head measurements are enlarged and it is difficult for the head to fit through the pelvis. A brow presentation often will convert to a occipital or face presentation without assistance but if not then the baby will be required to be delivered by a caesarean operation.

Shoulder presentation
When the baby is in a transverse position the shoulder is pointing into the birth canal. The presentation of the shoulder first at the pelvis is very rare and more common when the baby is born prematurely. It is not possible to deliver a baby presenting by the shoulder vaginally unless it is very small.

Remember even the most experienced caregivers can misdiagnose the position of the baby until labour is well advanced. It is often about dealing with the labour you have and accepting the challenges knowing you will be rewarded with your beautiful baby at the end!