

Birth easy

tioning (OFP). This is by a midwife lean the Occiput

How yoga can help you

ne of the most common questions I am asked by expectant mothers is "What positions can I do during labour to make the birth easier?" I always tell them that while there are positions that will help the mother feel less discomfort during the birth, such as leaning forwards on a ball to ease pressure placed upon the lumbar region, and practicing squat positions so the weight of the baby combined with gravity will help the mothers cervix dilate, it is also useful for the mother to focus on the baby's position as she reaches her third trimester.

This is because if the baby is in a good position during the last few weeks of her pregnancy, the mother will go into labour more easily, is less likely to need intervention, and may have a shorter labour, which will in turn help her recover more quickly.

A baby positioned head down and facing towards the mother's spine is called

Optimal Foetal Positioning (OFP). This 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 laid in the womb in the final weeks of pregnancy.

The Occiput Anterior Position

The 'Occiput Anterior' position (OA) is ideal and means the baby is head down, facing the mother's spine, with his or her back on one side of the front of the mother's abdomen. In this position, the baby's head is easily 'flexed', with his chin tucked into his chest, so that the smallest part of his head will be applied to the cervix first. The diameter of the head which has to fit through the pelvis is approximately 9.5cm, and the circumference approximately 27.5cm. The position is usually 'Left Occiput Anterior' (LOA) although occasionally the baby may be 'Right Occiput Anterior' (ROA).

The Occiput Posterior Position

The 'Occiput Posterior' (OP) position means the baby is head down, but facing the mother's abdomen. Mothers of babies in the 'posterior' position are more likely to have lower back pain and as the baby usually has to turn all the way round to face the mother's spine in order to be born, the labour is often prolonged. Furthermore, the baby cannot fully flex their head and so the diameter of the head which has to enter the pelvis is approximately 11.5cm, circumference 35.5cm, which is clearly a significant difference from that of LOA.

Unfortunately the rate of posterior presentation has increased in the last few decades in line with lifestyle changes, but by practicing yoga asana that tilts the pelvis forwards and moves the spine in to forward flexion, gravity can help move the baby's spine away from the mother's spine.





Deep Squat Hold for ten deep breaths before taking a rest on Box position and repeating for another ten breaths. Place a block under the heels of they do not reach the ground.









Box Position Variation

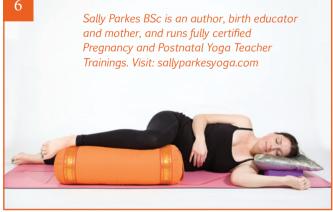
From Box position, position the knees wider than the hips. Now inhale and sway the body forwards and then back on the exhale. Repeat at least twenty times, or more if you wish.

NB: Breech babies. Please do not practice the deep squat shown here if your baby is breech. All other positions listed here are beneficial as they will create space for the breech baby to reposition himself.



Wide Legged Seated Forward Bend

Stretch the legs out and focus on the forward tilt of the pelvis. Place a block under the hips if you feel you don't have much space at the front of the pelvis.



Savasana

Ensure the body is fully supported and rest here for at least ten minutes, breathing deeply throughout.