# TURNING A POSTERIOR BABY

## Positions

- Side-Lying Release- this can release ligaments that may be tight, causing your baby to be unable to move into a better position.



- Hands and Knees

- Forward leaning positions (leaning onto the back of the chair, leaning forward onto a countertop or surface, etc.)

- Side-Lying Positions- if you know which way your baby is facing you can lie with the baby's back facing the bed. This encourages the weight of the baby to cause it to turn. You can even do a "lunge" in this position by placing your upper leg on the thigh of someone standing near the bed.

- Kneeling or standing lunge- experiment with each side to see which one feels "better" during a contraction, lunging off to one side (not front ways).
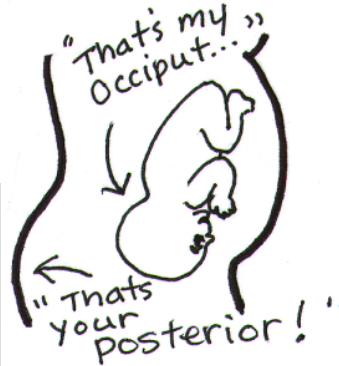


## OP

***This means that the baby's occiput, or back of the head, is facing your posterior.***
*For certain pelvic types this presents no problem, but for most moms an OP baby can mean a long or difficult labor.*

When the baby is positioned normally, its back is facing the front of you and its head fits easily into your pelvis. The posterior position causes a larger diameter of the head to need to pass through the pelvis and birth canal and often causes a great deal of back pain called "back labor". About half of all posterior babies spontaneously rotate during labor.

## How to prevent a posterior baby

•Avoid getting an epidural.

•Sit only on your yoga ball from 36 weeks on. Avoid slouching and slumping when sitting.

•Get regular massage and chiropractic care during pregnancy.

Sources:

Posner, G., Dy, J., Black, A., & Jones, G. (2014). *Human Labor & Birth* (6th ed.). Paris: Maloine.

Simkin, P., Ancheta, R., & Rosser, J. (1999). *The labor progress handbook* (1st ed.). Malden, Mass: Blackwell Science.

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