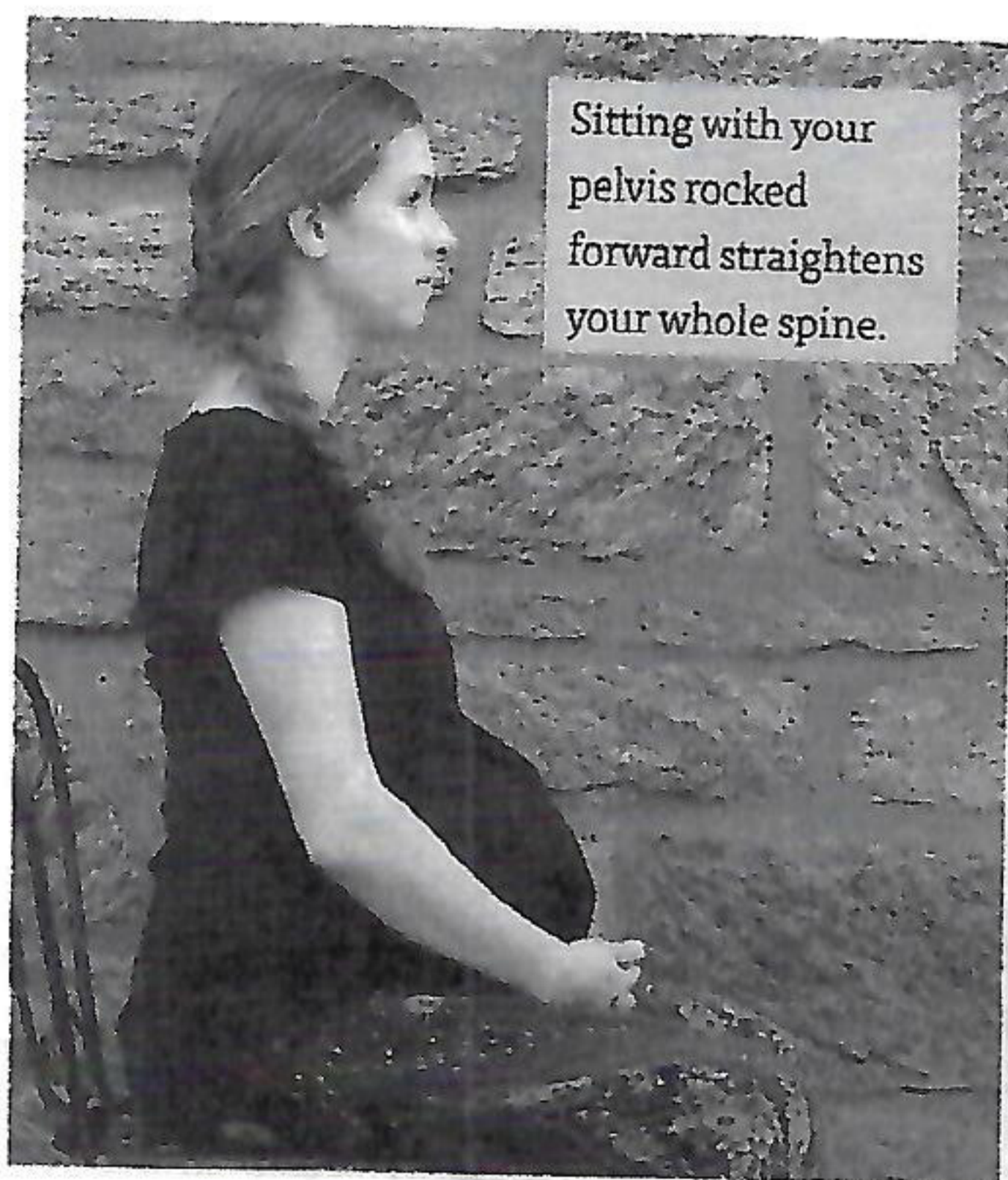


Optimal Positioning

Balancing the Pelvis for a Safer, Easier Birth

By Jeanne Ohm, D.C. • Photography by Tia Ohm

In preparing for a natural birth, we recognize two things: the mother's autonomy in childbirth and the supremacy of normal physiology. A mother-to-be has many resources to draw from in preparation for birth, the greatest being her own innate capacities. Learning about how the body is designed to give birth can lend tremendous understanding and support for the whole birthing process. The words "optimal positioning" signify that the mother and baby have aligned in a way that is complementary for a natural, empowered birth.



The most desirable position for the baby in birth is when the baby's head is down, with the back of the head (occiput) and spine facing the mother's front left side. During birth, from the mother's superior view, the baby's body rotates clockwise, aligning the occiput with the mother's symphysis pubis. Then the baby's head emerges. Once the head is out, the shoulders continue to rotate in that same clockwise motion so they, too, can fit through the mother's pelvis.

If the baby's occiput is facing the mother's right side, in order for the head to get into the most desirable position, the baby must do a "long turn" in the clockwise direction within the mother's entire pelvis to arrive at her symphysis pubis. Frequently, the baby will stall with his occiput up against the mother's sacrum. This is called an occiput posterior presentation. It may lead to a longer and more difficult labor and delivery, or even to

interventions that prevent a natural birth from happening.

Babies move freely throughout pregnancy. Between 35–37 weeks, they settle into what usually becomes their position for birth. Obstetricians perform an ultrasound at 37 weeks, but how can a mother determine her baby's position earlier? And what about mothers who choose not to have ultrasound? One way to learn your baby's position is with belly mapping. You can read about belly mapping on page 56 in this issue of PATHWAYS.

But the biggest question is, why do babies choose a less than optimal position to begin with? Many mothers are not aware that their pelvic balance throughout pregnancy affects their baby's position in birth. Increasing your awareness of your posture and movement will support your baby's ability to find his optimal position for a safe and natural birth.

Structure Determines Function

Malpositioning in labor may occur partly because of the modern, sedentary lifestyles that thwart optimal positioning during pregnancy. Especially while seated, we often compromise our spinal alignment and optimal positioning. Easy chairs, couches and car seats force us into a slouch position. Even when sitting in straight-backed chairs, we can find



ourselves slouching, compromising our pelvic balance. Slouching misaligns the pelvis in such a way that it makes it more comfortable for the baby to turn posterior or breech.

If, instead, you sit with your pelvis tilted forward, your lower spine curves forward. Your pelvis will be open and the baby can choose the most ideal position for birth.

Be conscious of your posture as often as possible, especially when you are sitting. Sit with your hips rocked forward and your knees always lower than your hips. Cease slouching, leg-crossing, or sitting on your legs. Sitting toward the front edge of your chair will help overcome negative sitting habits. Well-inflated birth balls and the Swedish kneeling chairs make it easy to keep your knees lower than your pelvis.

When taking long car rides or when sitting at work, take breaks often and move your body. Spend time throughout the day moving your hips in a figure-eight-type motion. You can use the back of a chair to lean on to do this movement. This keeps the joints in your pelvis flexible and better able to maintain a balanced state. These positions also lean the uterus forward and encourage the baby to settle into the anterior position, an ideal position for birth.

Another beneficial movement is pelvic rocks. To start, get on all fours and arch your spine. This strengthens and tones your lower back muscles. Then allow your spine to arch forward. This motion opens up the pelvis, relaxes the uterus and gives ample room for the baby to move. Also, you can exercise by crawling on the floor to optimize positioning.

If you have an occupation that is restrictive to movement or has you maintaining a one-sided posture for long periods of time, it is important that you aim to change postures regularly so you can support pelvic balance. For example, chiropractors and massage therapists may spend their entire day on one side of their table. In this case, maintain pelvic balance by adopting alternate stances.

Sitting in a kneeling chair is ideal because it rocks your pelvis forward by keeping your knees lower than your hips.



If you are frequently holding an older child during pregnancy, and you elevate your hip for added support, know that this repetitive torque to your pelvis can cause structural imbalances that may adversely affect your baby's positioning in utero. This was the case for me when I was pregnant with my sixth baby. Having held my fifth child on my left side consistently, my baby was led into a posterior occipital presentation for labor.

It might seem inconvenient to balance out your daily positions, but your awareness and effort to do so throughout pregnancy can make a significant difference in your birth experience.

Longstanding Imbalances

Previous physical trauma may cause issues in optimal positioning as well. Can you recall falling, tripping, or being in a car accident? Maybe a sport you played, such as hockey or lacrosse, had you repeat a one-sided, twisting motion? These traumas, regardless of how long ago they happened, may have affected your spinal alignment, and therefore your pelvic balance may be compromised for birth.

When the pelvis is out of alignment there is often tension in the attached ligaments. Because these ligaments also attach to the uterus, an uneven pulling can cause the uterus to rotate, making it difficult for the baby to assume his ideal position.

Chiropractic care throughout pregnancy is a safe and effective way to balance pelvic misalignments. Doctors who are certified in the Webster technique use gentle and specific adjustments to realign the pelvis and restore function to the nerves, muscles, and ligaments associated with pregnancy and birth.

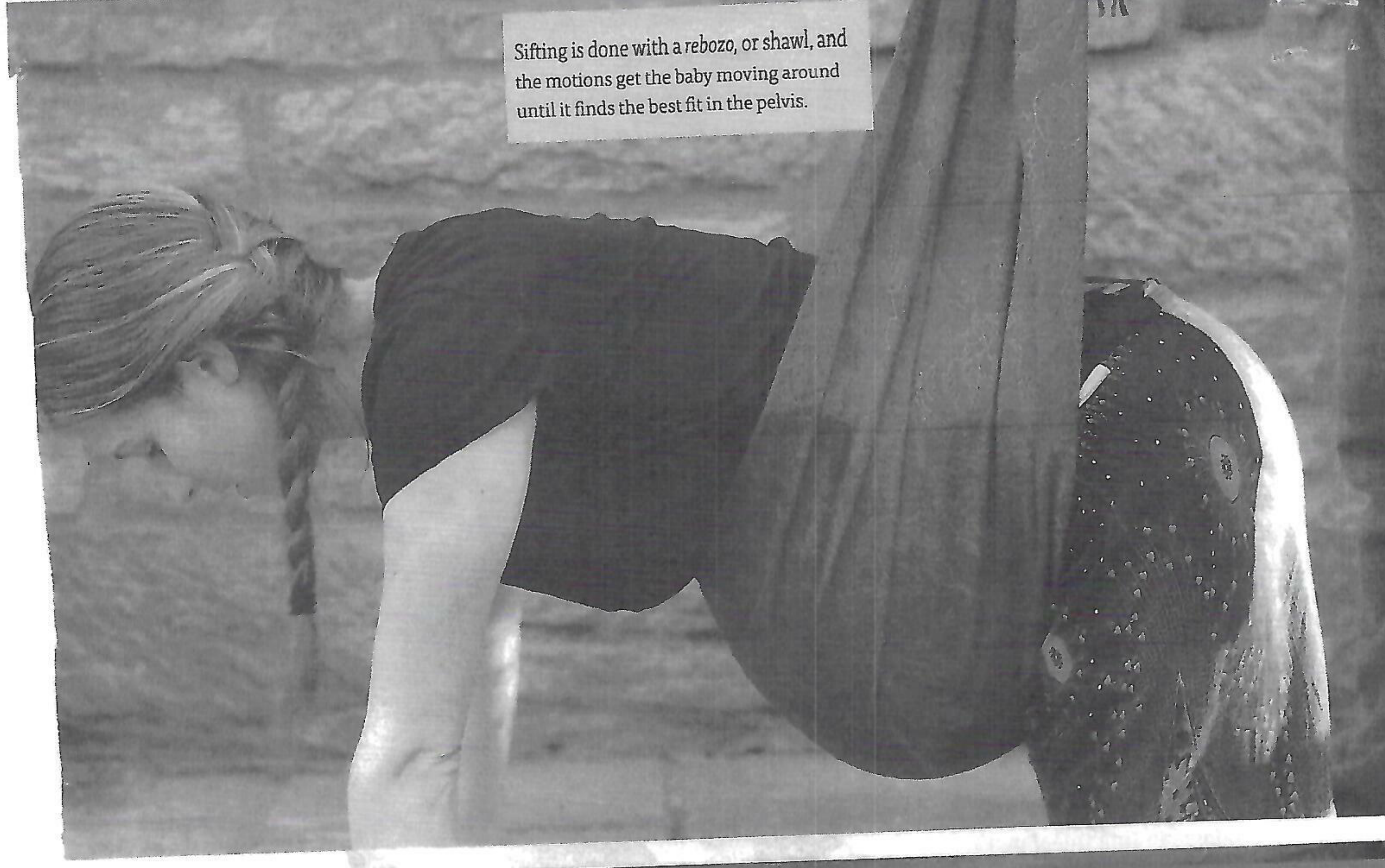
Top photos: In pregnancy, moving your hips in a figure-eight motion keeps mobility in the joints. In labor, it can assist a baby to find the ideal position. Bottom: A rocking, shimmy motion feels great and also helps the baby settle into an optimal position.



Movement

Restrictive and repetitive movements and postures, along with old injuries in our spine and pelvis, create further restrictions in our joints. These restrictions affect muscle, ligament, and nerve function. In

pregnancy and birth, we want the joints in the pelvis to open and move. We want the muscles, ligaments and nerves to be working for maximum strength and optimal function. Movement throughout pregnancy is essential. Certain movements during



Sifting is done with a rebozo, or shawl, and the motions get the baby moving around until it finds the best fit in the pelvis.

pregnancy support joint mobility and at the same time help establish optimal positioning.

Pelvic rocking. Get on all fours, arch the back up and down. If the baby has settled into a less than ideal position, pelvic rocking can provide the motion and space for a baby to move.

Figure eight. Lean against the back of a chair, and while you are leaning forward, gently and evenly move your pelvis in a figure-eight-type rotation to keep your pelvic joints uniformly balanced.

Hip shimmy. As you lean forward (over a birth ball or a chair, or on all fours), your birth assistant holds each side of your hips and rocks them back and forth. In this way, the baby responds to the movement as your hip joints mobilize. The combined support and motion to the hips feels great!

Belly sifting. Get on all fours. Have a partner wrap a scarf or shawl under your belly, then pull up and gently jiggle right and left.

Pelvic sifting. Lie on your back. Have a partner put the scarf under your pelvis and, while lifting, jiggle your hips. Depending on the baby's position this ancient technique helps encourage baby movement.

Movement During Labor
Even if the baby is in an optimal position at the onset of labor, new positions may arise. If these new fetal positions slow labor down or even stall labor (a condition called dystocia), unnecessary interventions may ensue.

Movement is key in all labors, and all mothers should be encouraged to get into any positions that they feel are necessary. During my sixth labor, it became apparent that my baby was in the occiput posterior position.

DYSTOCIA

There are three causes of dystocia in birth, per the *Williams Obstetrics* textbook. The first relates to the power of the uterus and its ability to function as designed. The uterine muscle needs proper nerve supply in order to function correctly. Pelvic imbalance puts undue stress on uterine nerves and ligaments affecting their optimal function.

The second cause of dystocia relates to the passageway, or the alignment of the mother's pelvis. If the pelvic bones are not balanced correctly, it will be more difficult for the baby to move through the pelvis.

The third cause of dystocia relates to the passenger, or the baby's movement through the mother's pelvis and birth canal. Again, pelvic misalignments put undue tension on uterine muscles and ligaments, which in turn pull on the uterus and impair the baby's ability to optimize its position and movement.

Preliminary clinical studies indicate that regular chiropractic care throughout pregnancy may, in fact, address these three causes of dystocia.