

(introductory music)

**DISCLAIMER:** Taking Back Birth is a production of the Indie Birth Association and indiebirth.com. No material on this podcast should be considered medical advice. Birth is not a medical event.

**MARYN:** Welcome to Indie Birth's series of podcasts on iTunes: Taking Back Birth. Hi, this is Maryn from Indie Birth, and I'm your usual podcast host. Back today to talk about something I think is a really interesting topic, something I personally have been through, and that is the posterior baby.

We're going to talk about posterior babies in pregnancy and in labor and a little bit probably about posterior babies in birth, and this is not a topic that holds fear for me, and we're going to talk about why it might for other people. But I guess since I've personally done it, it's just not something I'm scared of, and when you're not scared of something, it's definitely easier I think to see it a little bit more clearly. So I'm hoping to do that today and share my insight or experience with you.

So a little bit about my personal posterior adventure throughout my births—my children's births really. My first baby as many of you know was a hospital birth, and I knew next to nothing. We had taken Bradley childbirth classes so we were educated to a certain extent, but I knew nothing about a posterior baby. I don't think I ever heard that word or phrase. And when my waters opened a little bit early at about 37 weeks, we of course went into the hospital, and I endured a few days of labor and eventually an induction.

Now of course knowing what I do now probably did have to do some at least with the fact that she was posterior, and that didn't become clear to me and really to anyone in the room until I started to push her out. Now this is all a little hazy. This is almost 13 years ago, and again I didn't have any birth knowledge at all so in some ways I'm not sure that what I'm remembering is 100% clinically accurate. But from what I remember, they told me she was—I think they probably said backwards or something like that as I was pushing, and my back had hurt immensely during labor. But it was my first baby. I didn't know that was anything other than labor, and obviously I got through the labor and she came out. And as far as I remember, she did not come out posterior so whether or not she was turned or just did her own rotation, I really don't remember. But obviously not remembering and not knowing added a lot of fear to my second birth, which was my first planned homebirth.

I knew more. I knew that allegedly her position had been an issue, possibly it had caused my waters to open early although that's certainly not the only factor there. And I had the experience then of this intense back labor the first time which I was told later was because of her position so needless to say, I anticipated my second birth with fear. I didn't really know what to do about it. I don't really remember being on the internet very much at that time. That was almost 11 years ago so I guess I just kind of dealt with it. I didn't know that there was anything to do, and lo and behold, I had a similar labor as far as the back pain went. So perhaps he was posterior as well, but he came out anterior. In fact, he came out with a hand near his face, which had its own set of challenges. But that was that.

And then a couple years later, here I am going into my third birth. Now at this point, I had been studying midwifery for a couple of years. I knew more, and as far as I could tell from the pieces I could put together, I had had posterior babies during labor. I had had posterior babies during pregnancy. I knew what that felt like, and now I knew kind of the clinical markers of what that might look like. And I was not if I could help it going to go into another labor with a posterior baby.

So I learned about the Webster technique which we'll talk more about. But in general, I have to say I just really stressed a lot. It was very anxiety ridden thinking about going into labor, having to do it that way again even though that was the only sort of labor I had ever known and perhaps that was just normal for me. I didn't even know what the truth was at that moment. But again having been a student of midwifery for a couple of years at that point, I anticipated this third labor with a lot of fear and just sort of feeling hopeless like other than the Webster technique, I didn't feel like I had a lot of control over this baby's position.

So not to ramble on and on here, but since it is kind of important, I'll continue a little bit more. So needless to say, I did do the Webster technique. I don't know if that really contributed to this baby's anterior position, but she definitely did turn anterior later in pregnancy which really wasn't something I had ever felt before in my own body but of course had started to feel a lot palpating other women's bellies. And my labor with my third was completely different. I did not feel back labor, and so I could confirm for myself that that is indeed what I had experienced the first two times. And it was really a joyous labor. For the first time, I felt contractions in the front of my body, low in my pelvis almost like menstrual cramps, and I didn't have to spend the whole labor on my hands and knees, which was instinctively what I had done the first two times.

So that was a turning point for me in my birthing history and also probably in my fear about this particular subject. After that birth, I completely let it go. For me, I realized how much my mental anxiety and wanting to control and worrying about the baby's position had really affected me, and my last let's see four, five, six, and seven babies have all been anterior or in other words nothing posterior in labor that I could really recall. And so after that third baby, I just became really confident in my body in a different way. I became more confident in other women's bodies because even though it had its set of challenges, I realized for me it was more again of like this mental issue and physically challenging in labor no doubt. But nothing I couldn't do, nothing I didn't do. It was just different.

So that's kind of where I want to begin with this talk about posterior babies. I think there's just so much to talk about here. There's lots of hype about the right position, and I just said I totally fell into that. I had a couple years of midwifery training as an apprentice under my belt again before my third. So I had just enough knowledge to kind of make me dangerous whereas the first time—my first birth—I didn't know any better. Had I known and had I stressed then I really shudder to think about how that birth could have turned out because my belief that I could do it wasn't really ever shaken even though it took a long time, even though it was painful, I wasn't hung up before labor even on the position of this baby. It just wasn't something that was in my reality about knowing, but definitely now days with the internet and birth stories and just people talking about birth, I feel like more there is a right position out there.

And I'm probably going to talk here and there at least a little bit about breech too even though that's really nothing to do with posterior just because it's along the same lines of us thinking that birth looks a certain way, that a baby has to be in a textbook position for us to be able to do it. And as usual, let me interject my political views on that, I think it's because midwifery in particular has been taken from the holistic paradigm and put into the medical world so even homebirth midwives are really practicing medicine and any sort of out of the box situation just isn't acceptable. When there are rules and regulations around birth whether it's the time so number of hours one can spend in labor, number of hours one can spend pushing, sometimes the position of the baby will change the labor. Now so will a million other things, but if we're trying to feel like we know something, we'll often focus on the position of the baby, and when labor gets long it's suddenly too long to happen at home even though prolonged labor isn't anything to be feared as long as mom and baby are handling it well.

There is no evidence to support that a prolonged labor is in any way dangerous to the average, normal mom and baby. Sometimes labors just take longer than others so

again is it the posterior or is it the breech? Is it the this? Is it the that? Or is it just that it's outside our comfort zone that it may create other parameters that are outside this very, very, very small box of what we—not me, not you probably—but the world believe that birth is and birth should fit into to be “safe.”

So midwives of course are as guilty if that's how you want to look at it as anyone else. There are parameters around birth that they must follow, and they don't want to see it get outside of that. So it's the same line of thinking when a midwife starts to prepare her client at 41 weeks for a castor oil induction because by letter of the law she cannot continue care past 42 weeks with this woman, and of course, she wants to. So what can she do? Well, her protocol needs to include these proactive measures so that perhaps there won't be an issue, and honestly, I think it's the same with posterior. Women now are seeing their midwives, even women obviously planning homebirths with these midwives, and they're getting this whole posterior thing kind of all wacked out in their head in pregnancy. And they're not even in labor yet, and they're stressing. They're focusing. They're trying to change the baby's position, and I'm saying I think a lot of it is just because we think we can control this process, and we think if we can control it, we will stay within the box of normal. And normal isn't always a good thing, right? Normal is kind of how the rest of the world works.

So the truth I think is that posterior as far as a position of a baby in pregnancy certainly exists. Posterior babies in labor certainly exist, and they may require a different set of tools and a different way of understanding, a different way of approaching the labor that does not fit the mold. So that reminds me again of breech. It's not that breech is by definition abnormal. It's also not by definition completely normal. It's just what is, and it's just what is for that mom and baby which may be no big deal and maybe a big deal. So it's the same with posterior although posterior is probably way more common than breech at least in labor. And it's just about not fitting the mold.

So that's kind of where I want to go with this today, just talk more about what we're talking about, if there are myths what we can do, just so that you probably as the pregnant woman feel a little bit more solid, feel a little bit more confident that whatever your position is of your baby, you can do it and when not to stress because there certainly is a time to not stress.

My gripe I guess with the whole posterior thing—again not that it isn't real because it is—is that it's about us controlling but it's also about us assuming in many cases not all that we know better, that we know better than the baby. So just like breech. There's a million reasons why a baby might adopt that position. My personal beliefs are that the

baby is wise. The baby is smart. We're going to talk more about the way our bodies can hold up a baby wanting to turn so whether that's a baby wanting to turn anterior or a baby wanting to turn head down. There certainly are things about our bodies as the pregnant woman that can interfere, but once we've looked at that, I think we have to just let it be. Let that baby be wise. Let that baby stay the way it wants to be. Don't assume you know better. Don't assume there's a right way or a better way. Babies do know.

And I have to say the truth is for me having of course only seen homebirths some of the most beautiful, easy births I have ever seen have been a baby exiting posterior. So not a posterior labor where we were stressing or trying to turn the baby, but a labor where no one had any idea because there didn't appear to be any sort of issue, and the baby was born sunny side up as they say or posterior or if you're wondering what I've been talking about since I sort of skipped the definition, most babies come out anterior. So if you were having a baby come out of your own body, when you looked down to the head crowning, you would see the back of the head, and the baby would be looking down. That is again textbook position, possibly more preferred, although not necessarily, and posterior is just the baby looking up. So that's where the sunny side up comes from, and yeah, so that's how it looks. And again like I said, I've seen it several times where no one had any idea except that at crowning it definitely looks different, and then this baby comes out looking up at his mom. And no one was any the wiser until that moment, and everything thereafter was also beautiful and wonderful.

So maybe just those stories alone will give you confidence if this is something you've been thinking about or stressing about or maybe you've had a posterior labor that babies come out—at least that's my belief. And I certainly believe and have seen that they can come out posterior. It's not always something that has to be dealt with. So I think the fear is a legitimate aspect of this topic. Again having been through it myself I can understand that. I gratefully wasn't someone who had a five day labor because of a posterior baby or worse case scenario a posterior baby that kind of got lodged in there and wasn't willing to come out at least in the time that everyone else had planned. And I know there are tons of those stories.

Fear is just part of any of these topics when birth is not something we can control. We can't have every birth look just the way we want it, but I think there is a lot of myths to be dispelled too. And hopefully even if there's just one part of this that gives you some confidence or maybe this is just something you've never thought about but you hear people talking about it in so many birth stories or comments people will make about their own births often include these sort of details. My baby wouldn't come out. She

was backwards. So again it's just little bits of information I think to try and turn the tide and not be fearful of everything that isn't completely textbook.

So what I think is positive about women knowing more and posterior being part of that knowing is that little by little I do think many women are taking the responsibility for their own pregnancies more seriously. So by that there are many women out there and I'm blessed to know many of them who are buying their own fetoscopes--\$20 on Amazon—and listening to their own babies and learning how to palpate their own bellies. That kind of thing gives me so much joy and so much confidence just in all of us as a collective community that women are doing that, but that definitely goes hand in hand with the information that either is or isn't out there about posterior.

So in other words ignorance can be bliss. I'm not voting for ignorance, but like I said earlier, my first birth I had no idea, and honestly I think that was part of the success is because I wasn't mentally fixated on there being a problem whereas now days there are many women out there who again planning homebirths with midwives and they have these resources and they can feel their own babies and they can listen, and it's just enough to have them questioning is this how it's supposed to be. And if the baby isn't in this perfect position right now and I'm 38 weeks, then what's going to happen? Am I going to have a long labor? Is my midwife going to put up with my long labor, and is it going to hurt more? There's lots of questions.

So like I said for my personal experience posterior babies in labor can cause some issues. Again it's not always though. So immense back pain may be one of them although truthfully there are other things that can cause immense back pain too such as a baby who decides to put its hand next to its face or kind of its elbow near its face. So posterior isn't the only thing although it's a common diagnosis, and on that note I want to say that I think rarely is the phrase posterior position or posterior baby a diagnosis. I think most of the time it's just a snapshot of what's going on. And this is particularly when we are over concerned or overly concerned with baby's position in pregnancy. There's just no data to support that a posterior position in pregnancy really means anything in the sense of until labor begins it kind of all means nothing.

So I don't see it as a diagnosis again especially in pregnancy. I see it as a moment in time, and I feel like our focus is kind of on the wrong thing in pregnancy. Now again in labor if there truly is a posterior position that is causing issues then we want to give that attention especially if the labor is becoming prolonged, and the mom is getting tired. There's certainly things we can do. I don't want to act like we're just going to sit there and hope this baby figures it out. Sometimes we really can assist the process, and we'll

talk about ways to do that. But most of the time we don't need to, and most of the time again this whole discussion is happening weeks and weeks before someone goes into labor. And that's when the mental anguish is really, really dangerous.

So again during pregnancy I would love for women to start to see this as a moment in time, a snapshot, a possibility of what their baby is up to that moment. Now of course, if you've been pregnant before, you know that babies can prefer a position in the uterus. So maybe your baby always preferred the left side or vice versa. Those things can be true for some babies. So I understand that that's where some of the worry comes in for women that swear that their baby is preferring a posterior position in pregnancy. It doesn't feel like a snapshot to them. It doesn't feel like a moment in time because they feel like the baby is always like that.

So I guess to that I would say yes maybe, but is it worth trying all of these things to turn a baby that isn't ready to be born anyway. Maybe, that's kind of a personal choice once you know what your options are, and you're trying to discern how much mental activity you want to put into it. But that's kind of a personal thing, and I don't feel like many women are approaching it from that perspective as okay this is a possibility. How can I calmly approach this as something to look at? That's not really maybe in our hormonal flow as pregnant women near the end of pregnancy anyway. I know I can certainly get worked up about things and kind of over dramatize things, and everything seems like a big deal. This posterior thing is just one of those things, and it's really aggravating. I can attest to that because you feel so powerless in a way, just like a breech I'm sure. There's all these things you can do. There's all these recommendations people have that they act like will work, and of course they don't work. I mean they don't work all the time or we wouldn't have posterior babies in labor, and we wouldn't have breech babies in labor if we could successfully make them all do what we wanted them to do. It's just not that easy, and maybe for good reason.

So posterior I think is a trend. I don't know if that's the word, but as long as I've been in midwifery which is almost 11 years now, I feel like it's been a thing. And I guess I can't really speak to if it was a huge thing before that, and I'm curious to see where it goes in the next bunch of years of kind of we'll latch onto something else that's a problem in pregnancy to kind of get ourselves all worked up and fearful before labor. But posterior is definitely one of those things, and I know personally so many women that are sort of fearful or wonder about it. And these are women in particular that have had babies before.

So as a midwife myself if I had a choice I guess with a posterior baby in labor with a first time mom or a third time mom, obviously the third time mom has been through it before. Her body has been through it before. I have absolutely no doubt that that baby will find the way out just like its siblings probably did. And if it doesn't find its way out anterior, I don't see why it can't find it out posterior. The first time we just don't know how the mom's body births. She doesn't know. She doesn't have the confidence so I think it's more natural in a sense to have those fears of the unknown the first time, but again women that have had babies before having this fear of posterior which I think is just so interesting.

So to me that says it's just a really prominent like cultural thing going on where women are latching onto this issue and trying to again I think gain more control over their experience by dealing with it or not. So a little bit of research here because I was curious. There was a study in 1994 Gardberg and Tuppurainen—don't know if I said that right—and they found that the incident of posterior position was about 10%-15% at the onset of labor and about 6% at birth. So that's way more than breech. So 6%--a different source Ann Fry's book says 15%-30% of babies are posterior at the onset of labor, and most will rotate just like the other study did, and 5% will be born that way. So either way 5%-6% that will stay persistently posterior as they say.

This other study 1996 Sutton and Scott say that anecdotally—I don't know how that's part of a study, maybe it was just a paper since anecdotes aren't generally part of studies—anecdotally the number of posterior positions at the onset of labor is increasing because of Western lifestyles contributing. So Sutton and Scott argued that more sedentary lifestyles in particular the preponderance of reclining postures which tilt the baby back in the uterus contribute to this increase, and so their solution was to encourage forward tilting postures, sitting upright, and side lying in later pregnancy. So we're definitely going to go down that road pretty soon here in this podcast because I think it does have a lot to do with our position. I mean if we're going to see it as something that we can fix—and again I don't think all the time it is something that needs to be fixed or can be fixed, but if it is something that is really on the rise and there is something we can do and it is about changing our lifestyle, then I'm all for it because there's certainly adaptations we're making here that generations a long time ago didn't need to make so we have to appreciate that and see how birth might be changing and not just act like there's no issue.

So let's see. Okay so posterior is again a position of the baby. That's what we're talking about—sunny side up. I just explained to you that in labor if a baby actually comes out that way during birth and you know the way that looks and in pregnancy and

even in labor it can just be a really tricky thing to know for sure. So that's what I meant by it kind of being a scapegoat because sometimes we just don't know, and when a labor gets really prolonged or a mom has back pain, many a midwife myself included that's one of the first things that pops into our head is baby must be posterior. But sometimes we just don't know so in pregnancy to have an anterior position you would be able to feel the butt, the whole butt or bottom of the baby, and the back alongside your body probably on the left side or maybe even the right side whereas with a posterior positioned baby you just can't feel a back. You just feel lots of parts out front and lots of movement, and the belly shape can look different. But in labor it can be hard because rarely but it is possible a baby can have its back anterior and kind of a twisted up head or twisted up neck rather so that the head maybe be posterior even if the back isn't.

So in labor it's different in that you're in it, right? This baby needs to make a rotation, needs to get into position basically to make traveling the easiest thing. And the fear is that a baby that's posterior will enter the pelvis that way and present a wider diameter of the head than we consider normal or typical, and that of course can create the extra pain or tension in the back or pain in the back. And the other idea that we have right now is that—and I think this is all funny in a way because we act like we really know everything as far as what babies do in there before birth, and I don't think we do—but a posterior baby will make what we call a long arc rotation. So kind of like takes the long way out, and that can cause extra time and pain in labor. So those are the fears in labor, and again we're kind of talking about two things combined here: the pregnancy topic and the labor topic. Yeah, those are the fears during labor, but they don't have anything to do with pregnancy. It's more of a fear of the fear kind of thing in pregnancy. But the part that does make sense is we're just always thinking I guess the more information we have can we prevent something? Can we prevent a long labor for this mom?

The truth is we just don't know if we can with fixing a posterior baby. We know it doesn't really make a difference before labor, but it's one of those things you just kind of couldn't prove. And because prolonged labors again happen for many reasons, it's just not something I think we have enough information on to go crazy with again in pregnancy acting like there's all these things we should do and could do and must do to ensure that this labor isn't something we don't want. It's just too many variables there. Of course, no one wants a long labor, but sometimes it happens and it has nothing to do with baby's position.

So what's the harm? Why are people all fired up about this? Just told you why in labor anyway that it might produce some problems, prolong labor, failure to progress especially in a more unphysiological birth situation, even at home with the rules and regs and time put on the amount of hours someone can spend in labor. Many women—more and more now with the increasing C-section rate—are being told that they failed to progress, and when their baby is found posterior at whatever point it is, then that's the scapegoat, then that's why they didn't progress, when we really don't know that. It could be really lack of inefficient contractions, and the baby wasn't able to turn, and why would someone have inefficient contractions. Well, there's a million reasons for that as simple as maybe she was dehydrated or maybe it was emotional. So again it's all coming back to the position of the baby when things don't go the way as planned in many cases and prolong labor—that's just a huge topic.

So that's the harm in labor, but again the harm in pregnancy—there isn't one. There is no harm in pregnancy other than having had posterior babies myself in pregnancy I can tell you, yes, it does feel different. You might agree with that if you've experienced it. Like I said, just lots of movement out front, all the limbs kind of directed where you can feel them so you feel like you have an octopus in there. The way the head is positioned in your body if the baby is truly posterior means that the head isn't tucked very well, and so that deflexed head—that head sort of like leaning back can be irritating to the bladder. I know that's something I've experienced, but all-in-all it's not pathological. There's nothing bad going on. There's just a set of different sensations in pregnancy. Again it's the mental anguish. That's what I'm going with at least for the obsession in pregnancy.

So that's why there's so much attention to this prior to labor. We want to feel like we could prevent certain things from happening which again we may or may not be able to do. We'll never know. We get obsessive about it whether we're the mom or the midwife because we don't want this birth to go outside of the box. If we're the mom, we certainly don't want to think we're going to experience more pain and a longer labor than someone else or than we are ourselves might if the baby was in a better position so it's kind of obsessive. And I know I felt like that too.

There's lots of resources online. Really just Google posterior baby, and you'll be reading until the end of time whether it's birth stories or this or that or turning or technique or acupuncture or all these ways to get the baby to do what we want them to do. A great resource really though I think is Spinning Babies, and that is Gail Tully who is a midwife in Minnesota. That's her baby, her work, on teaching moms how to feel their babies, how to listen, how to determine position, and I love that idea. Again like I

said, this isn't knowledge that just the midwife should hold, but where I think all of that and not just her work, all of that focus on baby position is really lacking the flip side of the coin which is we're not focusing enough on our own health, our own alignment, our own bodies, our own tension, and I'm going to talk a little bit more about that because I think that's the key. And by focusing on that, do I think we'll never have a posterior baby ever again? No, of course not. I do think it's a variation of normal, and it doesn't mean there is a problem, but if the rate is on the rise and women are experiencing more pain and more surgical births because of it or at least allegedly, then I think we can put our focus on something where possibly we'll have more influence than we will just trying to turn a baby because we don't really understand all that.

So one myth that's out there that I really wanted to just at least mention is that a posterior baby will hold up labor. And I guess when I said there's no danger in pregnancy to me that's true. I don't think there's a danger at all of having a posterior baby in pregnancy, but many people when I said that probably were disagreeing at least in their heads and said, "Oh gosh, doesn't she know that posterior babies give women all of that false labor, all that prodromal labor? Those babies just aren't in the right position, and they can't—the labor can't start because the baby is all posterior in there." Well, that's just not true, and I think dispelling that myth is really positive because a lot of people are holding on to that, and what does that do? That's furthering the belief that we're not good enough, we don't know what we're doing, our bodies are broken, our babies don't know what to do, and women are in worst case scenario like going in for inductions and stuff in those sort of situations because they're convinced this darn posterior baby in the wrong position is holding up their labor, and they're never going to go into labor.

Now that sounds extreme, but people really do believe that. And why is it not true? Because you don't need a baby in a certain position to initiate labor. That's ridiculous. So just think about it. Does a footling breech hold up labor because there's a foot presenting or a butt presenting? No. Labor begins when labor begins. It's biochemical, and I'm not going to act like I know why labor starts. We only have a clue. Maybe it's placenta, maybe it's baby, maybe it's hormones, maybe it's—who knows what? But it's definitely not—or at least definitely not 100%—the position of the baby and the pressure the baby puts on the cervix. Again that makes no sense. Anybody that's had more than one baby could tell you especially if they were allowed to labor and birth as they felt fit that babies don't really descend or kind of come into the pelvis until well into labor, maybe not even until the mom is actively pushing. So in those cases for women that have had lots of babies, if it were really true that position of the baby prevented labor from starting, then these moms would never go into labor. So just one of the things out

there that kind of gives posterior this whole thing around it, this really notorious kind of vibe of preventing our bodies from doing what they need to do. Darn babies.

So why do babies like to be this way? And I'll get into the discussion at least a little bit about our bodies, but one reason babies like to be this way. Big question mark, really? Let's not pretend we know everything. I certainly won't. We only have ideas about any of this. We really, really don't know everything so just like a breech. Why would a baby choose that? I have no idea other than the list of things we know could be true, none of those things may be true for a breech or a baby in a posterior position.

So maternal tightness—or what's a better way of saying that—constriction in our ligaments, our muscles certainly is a factor, and I've already said it if the rate of posterior babies is rising, I very much believe it could be due to that sort of thing. And maybe that's where our focus should be. Other than that, there certainly are pelvic types or at least allegedly pelvic types, and we all have a slightly different pelvis obviously. But if we're going to group pelvic types, there are a couple sort of textbook groups, and some of them are just more open in certain diameters. And women that have pelvises or pelvis I think is the real plural there that are more roomy in the posterior segment, maybe that's just more comfortable for this baby. The baby's got their head down there.

So once again, I don't think we know all of the reasons. We can assume though that if we're able to work on the maternal structure—and I think that's a pretty time consuming life-altering process actually—if we can do that, if the mom is open to maybe emotional work, that may have a place in determining why her baby is preferring one thing over another. But past those things, we just have to accept that everybody is different, and that the baby knows best. And again this is in pregnancy. This is before the baby has even had a chance to sort of prove to us that labor is just going to go, and baby is going to come out however it likes or something like posterior may contribute to a situation that takes longer or is more painful.

What can we do to prevent posterior position then before labor? Well, again why would we put too much focus there? Unless a mom has had 10 posterior babies, and she's just done, and she's willing and able to start working on her own alignment well before she gets pregnant with that 11<sup>th</sup> baby, then if that's sort of prevention, sure. I totally get it, but if it's a woman that's never had a baby before or never had any sort of problem to get all wrapped up in a posterior baby at 35 weeks, at 38 weeks, at even 39 weeks doesn't make a whole lot of sense unless she really wants to do that and feels legitimately like there's something she needs to do.

Posterior to me is kind of like the new breech. People are getting so scared of it, trying to find ways out of it, how to deal with it. And women I know for a fact are spending lots of time possibly money with like chiropractic adjustments and such but definitely time on the internet trying to figure out what to do. And these women are being told there are things to do, and most of them are pretty non-interventive so like I said it's really someone's choice if they want to go that route and try things and see what the baby does. Chiropractic as I've already mentioned—the Webster technique is really easy for any chiropractor to learn even if they don't know it. Just go to YouTube and Google Webster chiropractic technique. Show it to your chiropractor. It's that easy.

Visualization. That's probably my favorite is the mom having an idea of what she thinks is the better position. So pretty much any poster you could buy of a baby in the uterus is showing an anterior position. So sometimes it's that simple. The mom just hasn't really focused in. She hasn't communicated with the baby. She doesn't really know what she's desiring as far as that goes, and once she does that, the baby gets right in place. Totally possible.

And as I mentioned in the one study, most of the focus is just on positioning of the mom but in a way that isn't very long term in my opinion. And I can attest to that because going into my second birth, a couple weeks before, I knew a little bit. I knew enough to know he was posterior, and I did all of these things, like a lot of you have I'm sure. So lots of hands and knees, pelvic tilts, cat cow, never sitting back on a couch, never sitting back in a chair, riding in the car with a pillow under your hips so your knees are always lower than your hips. These things again aren't harmful. They may help, but for a woman that let's say has chronic tension that's happened over 30 plus years of her life, my experience is these subtle changes at 38 weeks are not enough to allow the release in her body to allow the baby to turn from a posterior position. So it's general tension and stress built up over a lifetime which again is why I think just focusing on where the baby is and trying to get the baby to turn perhaps shouldn't be our focus anymore.

So I am not a physical therapist. I mean I'm not a body worker. I'm learning tons and tons and tons and tons and tons from Katy Bowman, and I think I'm going to do another podcast on alignment during pregnancy and how it might affect our labor because the more I'm learning about her work and the information that she is putting out there regarding natural movement historically says that our bodies are just not functioning well in the modern world because of the modern world. For so many reasons we have tight ligaments. Our hips don't move in the right way. We don't even walk in the right way. We've spent years sitting and driving and again it's not enough in one week

before birth to think that you can release your body in such a way to get rid of these problems.

So that's a huge topic. I think if you're interested in that whether it has to do with posterior babies or not is super fascinating. Katy Bowman has a blog Aligned and Well. She's in charge of the restorative exercise school or whatever you want to call it in California, and if you just Google her, K-A-T-Y Bowman you'll see that she has tons of information out there, and it's really intense, and it's really complex.

And there's not just one pill you can take to have looser ligaments to prevent this posterior baby, but I think for women that are up for the challenge whether they've had this before or for those of us that are just interested in how birth is changing, how our labors are changing because of our modern day lives, you'll see there's so much information there.

So that's where I think the focus should be. If we're going to focus on what we can change, let's look at our own bodies. Let's look at our lifestyles, and I bet you that if we were able to do that and again that's a huge project, that maybe we'd start seeing less babies being constricted by their mothers' bodies. And that is again one way that posterior looks, not always.

So other than that just in a really general sense, some babies are still going to choose posterior just like some babies are still going to choose breech. And I feel like if that's the case, we've done what we can do then let's do our best to not stress. Let's do our best to not have fear. Let's understand the way labor works. Let's understand that our bodies know how to do this. Our babies are smart, and that if we allow our hormones to really be in full force, that babies come out. It takes as long as it takes.

And I think more women need to be on that page. I mean it's a hard thing in a way. It's not teaching women that birth should take long and is hard and terrible and a struggle, but sort of that in between. Some women have really easy, seamless, short labors. Some women don't. The in between is labor is generally pretty hard work. Labor can be painful in areas of the body that you didn't anticipate, and again all of this can just be normal labor. That's the truth. We don't always have to be able to attribute it to something really concrete which can be frustrating I realize, but that's just the nature of the beast. It's just labor and birth.

So babies themselves though if we want to just talk for one last minute here about the baby—the babies can get into all kinds of configurations. That's the truth. Most women have enough room and babies can again be breech. Babies can be posterior. Babies

can do all kinds of things with their necks and heads as far as just individual differences as they navigate the birth canal, and that may be based on or influenced by our position or our mental state or our emotional state or maybe an accident we had in the past or who knows what, but in most cases—and again this is most cases—time and patience are the best medicine, posterior or not.

So a mom that's really having trouble with a longer labor, it's almost always a good assumption to make that the baby is negotiating its passage. So in other words isn't in what we would call textbook perfect position but is in the process of figuring it out which is what takes the time. So whether it's asynclitic or posterior or whatever, most babies will work themselves out with time and patience. And what we can do with say a posterior labor, a true posterior labor, is prevent maternal exhaustion. That is the number one thing for prolonged labor in general is that if this mom can keep eating and drinking, getting her calories and nutrients then her body will have the energy to do what it needs to do and to rest when it needs to rest and to not make the pain unreasonable because of her exhaustion.

So she or if it's you must be willing to eat through labor, and I'm sorry if that's not instinctual for some women. Maybe it's not way back when we had babies in the middle of the forest and there was nothing to eat and we were just going to get the baby out, but I think it does have a place in modern day labors. We need to have food around. We need to have drink around. We may need to be reminded. We may need someone else to put a straw in our mouths and that's how we get our calories because maternal exhaustion is the number one reason probably for women just wanting pain relief or going to the hospital from a homebirth. So that goes without saying as far as posterior or whatever it is.

Again with a prolonged labor possibly due to posterior position that the mom needs to try all kinds of positions because again it's probably less about getting the baby to move or forcing the baby to move but allowing the baby to move. And I think the same could be said for a breech presentation and pregnancy. We do what we can with our bodies. We provide the release. We provide the space, and then we allow it to happen if it's going to happen. There are positions though for posterior in labor that might allow the baby to kind of try again.

So once the head really gets in there if it's in a posterior position, it's going to have more trouble not being born that way. So it's either not going to be born vaginally which is pretty rare or it's going to come out posterior once the head really descends into mom's body, but if the mom is having trouble in labor before that happens, then we can

certainly try to help the baby come out of the pelvis so hands and knees really exaggerated. Not even hands and knees. What do I mean? Like knees to chest I guess I mean or like chest to floor and butt up in the air and all kinds of turning and just different things with her body that can give the baby a chance to shift into a different spot and possibly choose another way. It reminds me of Mad Libs or something or not Mad Libs, like the choose a story. Choose a different path there, baby. We're going to give you another chance.

So in the end, I think baby position is one of those things that definitely can be blown out of proportion and again I'm mostly talking about in pregnancy. Let's be aware of how much fear we're projecting about these issues in pregnancy before women and babies even have a chance. So yes, there's information. Yes, there's knowledge, but then there's again this cultural obsession with things need to look the way we want them to look before we think birth can happen. And how often, right, does birth happen anyway? And then what? Then this woman is filled with fear and anxiety and really doesn't know if it's possible.

For posterior babies in labor if it's truly a problem, then we usually know. Labor takes a long time. Maybe it's more painful, and then those are the—that's the time to correct whatever is going on to the best of our ability, and if nothing else, just be patient and kind and make sure the mom is physically able to do it. But again having this worry before that time doesn't really do people a whole lot of good.

So the sensations are definitely different and again I'm not knocking that. I'm not acting like that doesn't exist. I personally experienced it, and I think my experience was pretty tame as far as prolonged labor and maybe possible pain although like I said it was my first birth so I don't really know. But I'm not acting like it doesn't exist. I'm just saying that perhaps the focus on fear in pregnancy could be less and if we are going to focus on something in pregnancy let it be our bodies, let it be the way we live and sit and breathe, and let us take that on even though it's a huge, huge education. I think we have to start going in that direction rather than acting like a simple adjustment or a simple this or that is really going to change things when our bodies have been chronically held in a very difficult position for decades.

So thanks for listening. Would love to hear your feedback on this or any of the podcasts. You can leave a review on iTunes and in the meantime be sure to check out the Indie Birth site. We always have new podcasts, new blog posts, new online classes, and our five week online class is permanently there all the time. That's a great birth class that you do at your own pace from anywhere in the world. We have a wonderful

group of women that are always working together on that so we'd love to have you and last but not least free consults by phone every Monday. You can sign up on our site. Thanks so much for listening. Have a great day.

(closing music)