

Back Labor

by Laura Maxson, Home Birth Midwife
Apprentice - August 11th, 2004



While “back labor” can be a sign of a dysfunctional labor, it is more commonly part of a labor and birth story, which results in a vaginal birth. The bones of the pelvis can shift to accommodate the baby’s passage, just as the baby’s head can mold to be born. It is part of nature’s strategy to ensure a spontaneous birth for the majority of women.

The shape of the pelvis and the twists and turns of the birth canal are designed for a baby to proceed most easily when he or she is facing the mother’s back, presenting a smooth, curving path that follows the curving shape of the baby. A baby in the posterior position is facing up, toward the mother’s pelvic bone, at an angle that works against the natural curve of the birth passage.

A bit like a square peg in a round hole, a baby in a posterior position either turns spontaneously to a more favorable position and/or molds to fit the space. Both take time and can be accompanied by true back labor - back pain that lingers between contractions - making labor long and challenging.

It’s not always obvious that a baby is in a posterior position. Sometimes in the last weeks of a pregnancy a posterior baby can be identified when there is a bit of a depression (dipping in) around the belly button of a pregnant woman. Instead of a firm baby back filling this space and rounding the belly as expected, the baby may be turned so knees are forward, not fully filling this space, and causing the dip. While not a cause to panic (as it doesn’t guarantee a posterior baby) there are ways to encourage better position before labor starts.

Avoid a “laid back lifestyle” during the last weeks of pregnancy. Comfy couches, bucket seats and hours in the computer chair can encourage the baby to turn posterior. Instead, spend lots of time on hands and knees. Do pelvic tilts and prenatal yoga. Sit on a birth ball (a physiotherapy or exercise ball often used in labor), especially at the computer, as this will tilt the pelvis forward giving the baby excellent direction while also relieving normal pregnancy backache. Rather than sinking into chairs and couches, perch on the edge, open the legs and let the belly hang. It may not be the most flattering, but it can encourage the baby to fall forward into a more favorable position and might help shave a few hours off labor.

Acupuncture, chiropractic and massage can help align the mother’s bones and ligaments to encourage the baby’s best fit in the pelvis. Although some women have a pelvis shaped to prefer a posterior fit, this doesn’t mean the baby won’t come out! Many babies turn during pushing, but some never turn and are born face up - sometimes called Sunnyside-up or Stargazer babies.

A woman finding herself in labor with a posterior facing baby will want to try to help get the baby “unstruck” so he or she can turn to a more favorable position. Avoid rupturing the bag of water, as baby moves more freely with it intact. Positions that encourage the baby to drop out of the pelvis to reposition, like hands and knee or floating in a tub of water, are excellent. Walking up stairs and lunging - positions with one foot up high during contractions can help the baby twist and turn. Standing during contractions with the hips swaying hula-style is particularly helpful. This same movement can be accomplished on the ball while allowing the woman to rest a bit.

Counter pressure on the sacrum is almost universally requested for relief of back labor. The woman will be very specific as to where and how hard to push. A hot or cold compress is often appreciated. Sitting with something firm behind her back, a rolled up towel or a cold soda can in a cloth, can be another position for rest. Other options such as homeopathy to help position the baby, sterile water papules for pain relief, special positional techniques, or patience for the process are offered by some doulas, midwives, and other care providers.

Back Labor Continued...



—LOVING ARMS—
CHILDBIRTH SERVICES

Giving birth is hard work and back labor is no exception. A woman with back labor needs lots of experienced, loving support, as well as encouragement, during labor. While an epidural can relieve pain from back labor, it can also lead to an increase in vacuum extractions, forceps and cesarean sections. Remembering that 90% of posterior babies turn spontaneously during labor can help a woman relax and be ready for whatever labor comes her way.