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Managing Back Labor

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When we talk about pain in labor most moms believe that the majority of the pain will be in their uterus, where the contractions take place. There are also times when pain will occur in other areas from ligaments that hold the uterus in place, or as the cervix is opening and stretching and sometimes as the baby is coming down moms experience pain in their thighs. However, the one dreaded word during labor seems to be back pain.

While pain in the back is not uncommon during contractions, it's the lingering pain after the contraction is gone that can bother others. This type of pain has been said to occur in up to 25 of all labors and births.

The most frequently thought cause of this type of extended back pain is due to the baby's position, usually in the occiput posterior position, or OP for short. This describes the baby's position in relation to the pelvis. In the OP position the baby is facing up towards the mother's pubic bone causing the harder part of their skull to rest on the bony part of mom's spine. There are also other reasons to experience back pain in labor, including the position of the mother during labor.

There needs to be a two pronged approach to dealing with the pain of back labor:

- Get the baby to change positions
- Assist the mom with comfort measures

The good news is that most of the techniques used to rotate a baby into a more favorable position also feel good to the mom.

Counter Pressure

By using your hands and pushing, usually at or just above the sacrum, this will help put counter pressure where mom is feeling the most pain. She may also tell you to move higher or lower, but the most frequent request is more pressure. In my years of experience in providing labor support I don't think I've ever been told I've applied too much pressure. Sometimes it's also helpful to use an object like a warm pad or a cold pack.

Hands and Knees

This position for mom is relatively easy to do and a great one for pain relief for several reasons. When mom is on her hands and knees the baby is tipped slightly out of the pelvis giving it more room to rotate. Due to the decreased pressure on the cervix many moms don't experience as much pain during the contractions. This position also allows for great counter pressure for the lower back.

Pelvic Tilts

These can be used prior to labor if you know your baby is in the OP position or during labor. It's easiest to do on all fours and involves isolated movements of the pelvis, simply tucking your bottom in and then returning it to its original state. These are great for any type of back discomfort and are highly recommend for pregnant women in general.

Water

Using the tub to immerse mom in can also be a great comfort in labor. This will help promote relaxation and comfort. Even in a tub different positions and comfort measures can be added. In the shower mom can assume the hands and knees allowing the shower to provide the counter pressure on her lower back. You can place towels on the floor of the shower to make it more comfortable or use a birth ball to lean over.

Birth Ball and Other Tools

The birth ball is a physiotherapy ball that will help you in choosing positions to aid in the discomfort of labor. It can be used in the shower or out of the shower. You can also use a rolling pin to help with counter pressure. They even have hollow rolling pins that can be filled with hot or cold fluids for that extra help. A rice sock, for moist heat, is also beneficial in dealing with the back pain.

Transcutaneous Electrical Nerve Stimulation (TENS) has been shown to be an effective way to deal with back pain in labor. This non-medicinal form of pain relief should be started early in labor for the best effect on the pain. Small electrical pulses help disrupt the sensation of pain.

There are other positions and techniques, like the double hip squeeze, that are beneficial in labor. Medications also have their time and place in dealing with back labor. However, some studies indicate that using an epidural prior to the baby rotating may prevent rotation and lead to an increase in cesareans. IV medications have not been shown to reduce the likelihood of an OP baby turning.

Labor and Birth

About 90 of babies will rotate to the OA (occiput anterior position, facing down towards the mother's rear) prior to birth. A few will even be born facing "sunny side up," sometimes called star gazers.

Keep mom off her back at all costs, this will only increase her pain. The movement she makes during labor, whether that be walking, rocking swaying, etc. will help to rotate the baby and provide her with great comfort. Sometimes your practitioner will decide that the use of forceps is necessary to help rotate the baby into a better position for birth. Discuss this at prenatal appointments as to how it's done and when he or she would use them.

Prenatally may be the time that you learn that your baby is in the OP position. If your practitioner doesn't say anything, don't hesitate to ask. Using any of these techniques prior to labor will also encourage the baby to turn before labor begins.

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