

Delivery presentations

Delivery presentation describes the way the baby is positioned to come down the birth canal for delivery.

Your baby must pass through your pelvic bones to reach the vaginal opening. The ease at which this passage will take place depends on how your baby is positioned during delivery. The best position for the baby to be in to pass through the pelvis is with the head down and the body facing towards the mother's back. This position is called occiput anterior (OA).

In breech position, the baby's bottom is facing down instead of the head. Your health care provider will usually detect this in an office visit before your labor begins. Most babies will be in the head-down position by about 34 weeks.

Part of your prenatal care after 34 weeks will involve making sure your baby is in the head-down position.

If your baby is breech, it is not safe to deliver vaginally. If your baby is not in a head-down position after your 36th week, your provider can explain [your choices and their risks](#) to help you decide what steps to take next.

Occiput Posterior (OP)

In occiput posterior position, your baby's head is down, but it is facing the mother's front instead of her back.

It is safe to deliver a baby facing this way. But it is harder for the baby to get through the pelvis. If a baby is in this position, sometimes it will rotate around during labor so that the head stays down and the body faces the mother's back (OA position).

The mother can walk, rock, and try different delivery positions during labor to help encourage the baby to turn. If the baby does not turn, labor can take longer. Sometimes the provider may use forceps or a vacuum device to help get the baby out.

Transverse Position

A baby in the transverse position is sideways. Often, the shoulders or back are over the mother's cervix. This is also called the shoulder, or oblique, position.

The risk for having a baby in the transverse position increases if you:

- Go into labor early
- Have given birth 5 or more times
- Have [placenta previa](#)

Unless your baby can be turned into head-down position, a vaginal birth will be too risky for you and your baby. A doctor will deliver your baby by [cesarean birth \(C-section\)](#).

Less Common Presentations

With the brow-first position, the baby's head extends backward (like looking up), and the forehead leads the way. This position may be more common if this is not your first pregnancy.

- Your provider rarely detects this position before labor. An [ultrasound](#) may be able to confirm a brow presentation.
- More likely, your provider will detect this position while you are in labor during an internal exam.

With face-first position, the baby's head is extended backwards even more than with brow first position.

- Most of the time, the force of contractions causes the baby to be in face-first position.
- It is also detected when labor does not progress.

In some of these presentations, a vaginal birth is possible, but labor will generally take longer. After delivery, the baby's face or brow will be swollen and may appear bruised. These changes will go away over the next few days.

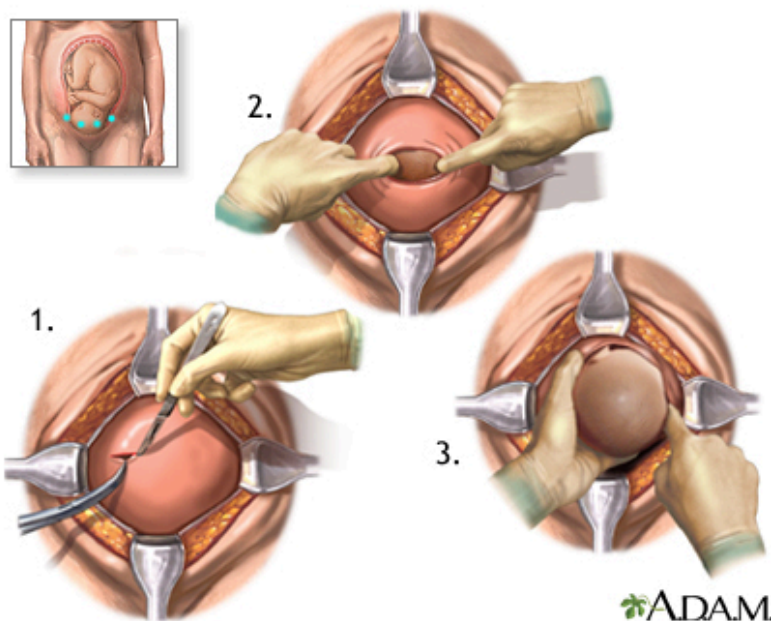
C-section

A C-section is the delivery of a baby through a surgical opening in the mother's lower belly area. It is also called a cesarean delivery.

Description

A C-section delivery is done when it is not possible or safe for the mother to deliver the baby through the vagina.

The procedure is most often done while the woman is awake. The body is numbed from the chest to the feet using epidural or spinal anesthesia.



1. The surgeon makes a cut across the belly just above the pubic area.
2. The womb (uterus) and amniotic sac are opened.
3. The baby is delivered through this opening.

The health care team clears fluids from the baby's mouth and nose. The umbilical cord is cut. The health care provider will make sure that the infant's breathing is normal and other vital signs are stable.

The mother is awake during the procedure so she will be able to hear and see her baby. In many cases, the woman is able to have a support person with her during the delivery.

The surgery takes about 1 hour.

Why the Procedure is Performed

There are many reasons why a woman may need to have a C-section instead of a vaginal delivery. The decision will depend on your doctor, where you are having the baby, your previous deliveries, and your medical history.

Problems with the baby may include:

- Abnormal heart rate
- **Abnormal position** in the womb, such as crosswise (transverse) or feet-first (breech)
- Developmental problems, such as hydrocephalus or spina bifida
- Multiple pregnancy (triplets or twins)

Health problems in the mother may include:

- Active genital herpes infection
- Large uterine fibroids near the cervix
- HIV infection in the mother
- Past C-section
- Past surgery on the uterus
- Severe illness, such as heart disease, **preeclampsia** or **eclampsia**

Problems at the time of labor or delivery may include:

- Baby's head is too large to pass through the birth canal
- Labor that takes too long or stops
- Very large baby
- Infection or fever during labor

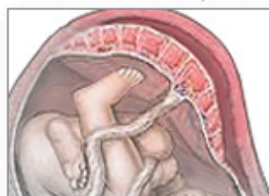
Problems with the placenta or umbilical cord may include:

- Placenta covers all or part of the opening to the birth canal (**placenta previa**)
- Placenta separates from the uterine wall (**placenta abruptio**)
- Umbilical cord comes through the opening of the birth canal before the baby (umbilical cord prolapse)

Transverse position



Placenta abruptio



Breech presentation



Placenta previa



Risks

A C-section is a safe procedure. The rate of serious complications is very low. However, certain risks are higher after C-section than after vaginal delivery. These include:

- Infection of the bladder or uterus
- Injury to the urinary tract
- Higher average blood loss. Most of the time, a transfusion is not needed, but risk is higher.

A C-section may also cause problems in future pregnancies. This includes a higher risk for:

- Placenta previa
- Placenta growing into the muscle of the uterus and has trouble separating after the baby is born (placenta accreta)
- Uterine rupture

These conditions can lead to severe bleeding (hemorrhage), which may require blood transfusions or removal of the uterus (hysterectomy).

After the Procedure

Most mothers and infants do well after a C-section.

Women who have a C-section may have a vaginal delivery if another pregnancy occurs, depending on:

- The type of C-section done
- Why the C-section was done

Vaginal birth after cesarean (VBAC) delivery is very often successful. However, there is a small risk of uterine rupture, which can harm the mother and the baby. Discuss the benefits and risks of VBAC with your health care provider.

Outlook (Prognosis)

The average hospital stay after C-section is 2 to 3 days. Recovery takes longer than it would from a vaginal birth. You should walk around after the C-section to speed recovery. Pain medicines taken by mouth can help ease discomfort.