

# Movement and Positions in Labor

# Labor Positions

Doula Support



Forward leaning



Tuck Position



Squatting



Fire hydrant



# Labor Positions

Semi seated lunge



Straddling the Peanut/birth Ball



Massage



Pelvic Tilt



Side-lying Release



# Let's Talk Pelvis

## Inlet : Midpelvis : Outlet

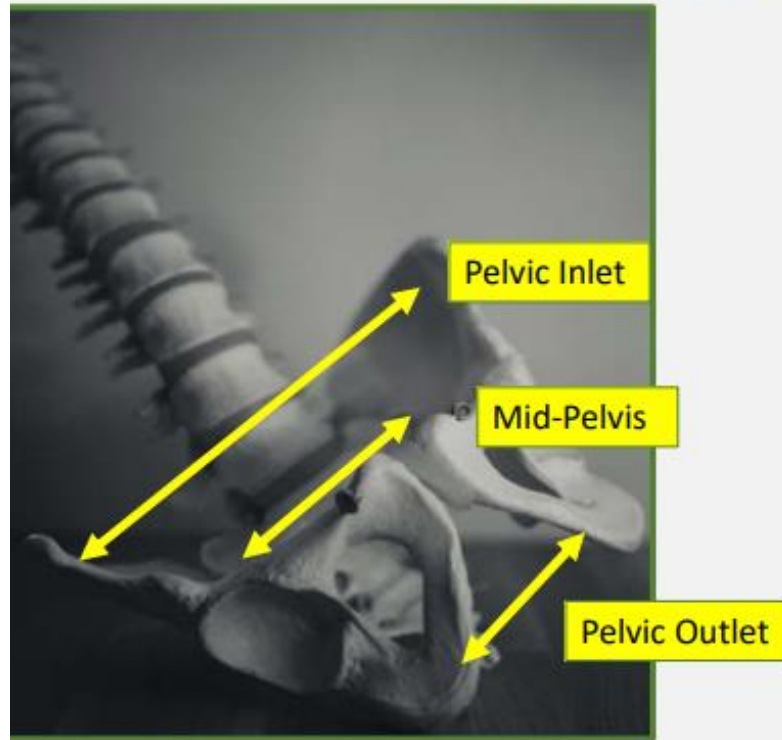


Photo by Otto Norin on Unsplash

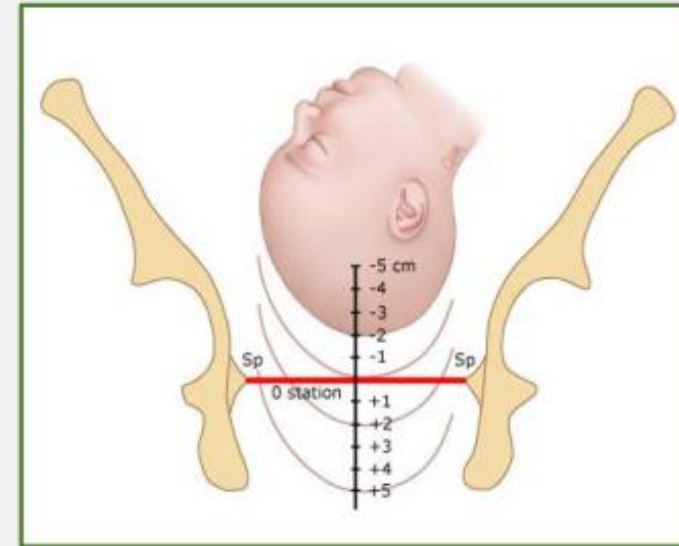


Image from: [www.uptodate.com](http://www.uptodate.com): Labor and delivery: Management of the normal first stage.6/6/2022.

# Baby in the **INLET** of Pelvis: Fetal Station – 4, -3 & -2

- High fetal station
- Goal: Upright positioning
- Sitting with Knees apart
  - Peanut Ball
  - Birth Ball
- Soles together
- Back more straight than curled
- Standing/ambulation
- Leaning forward

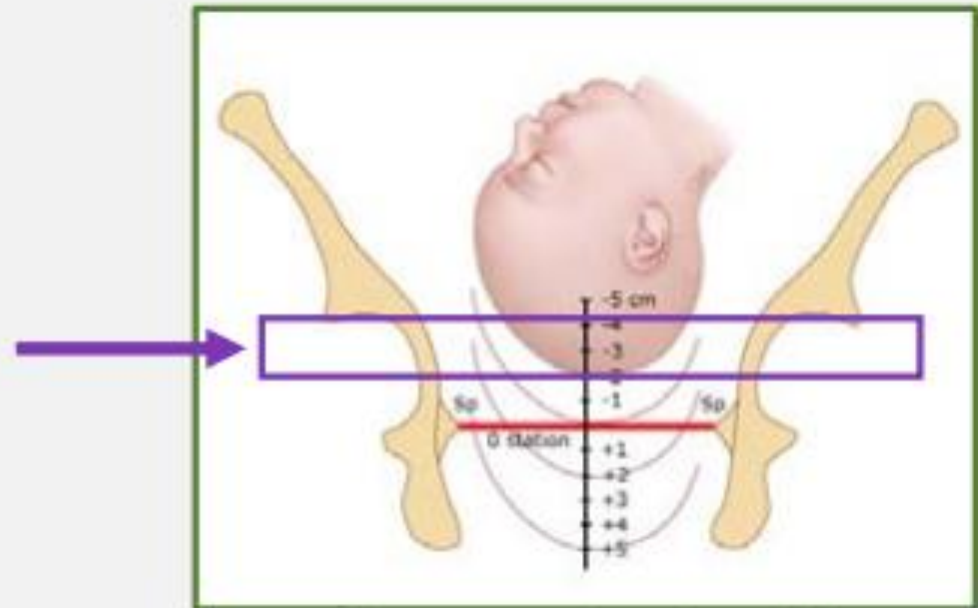


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# Baby in the MID-PELVIS

## Fetal Station -1,0,+1

### **Pelvic Floor:**

- Located in the mid-pelvis.
- The baby turns on the pelvic floor in the mid-pelvis.
- The pelvic floor **NEEDS** to relax in order to allow baby to descend

### **Mid-Pelvis Laboring Movements:**

- Diagonal (ambulation)
- Sideways/diagonal
- Lunges
- Peanut ball & birth ball supported movements

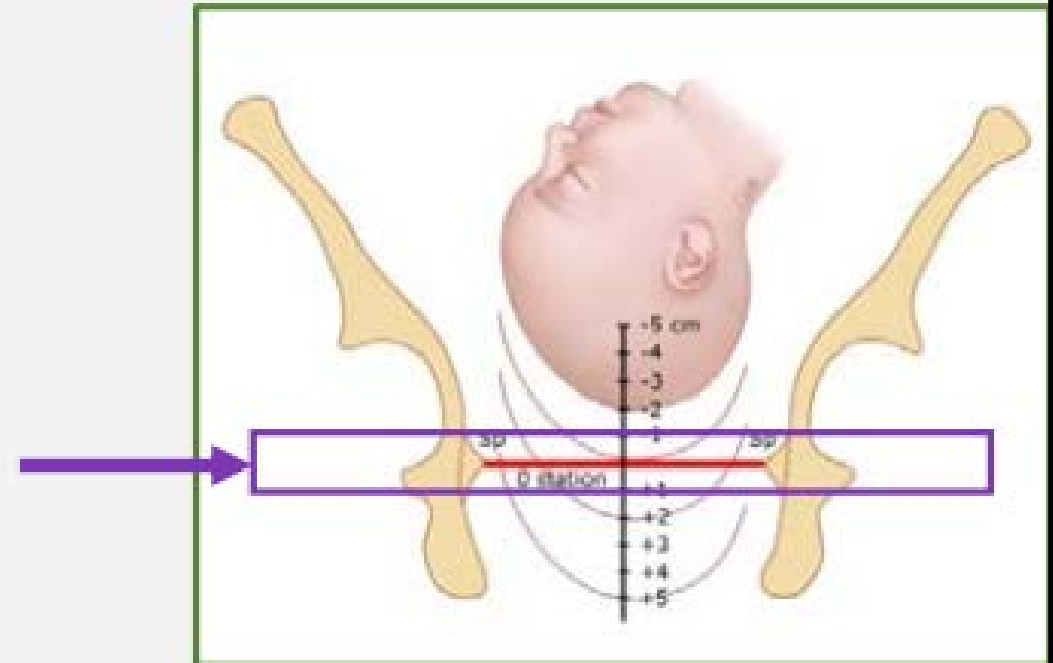


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# Baby in Pelvic **OUTLET**

## Fetal Station +2 or Lower

### **Flexible Sacrum Positions (FSP):**

- Allows weight to be taken off the sacrum
- Allows the pelvic outlet to expand
- Increases dimensions of our pelvic

### **Upright Labor Positions:**

- Squatting
- Kneeling
- Hands and knees
- Sitting on birth seat

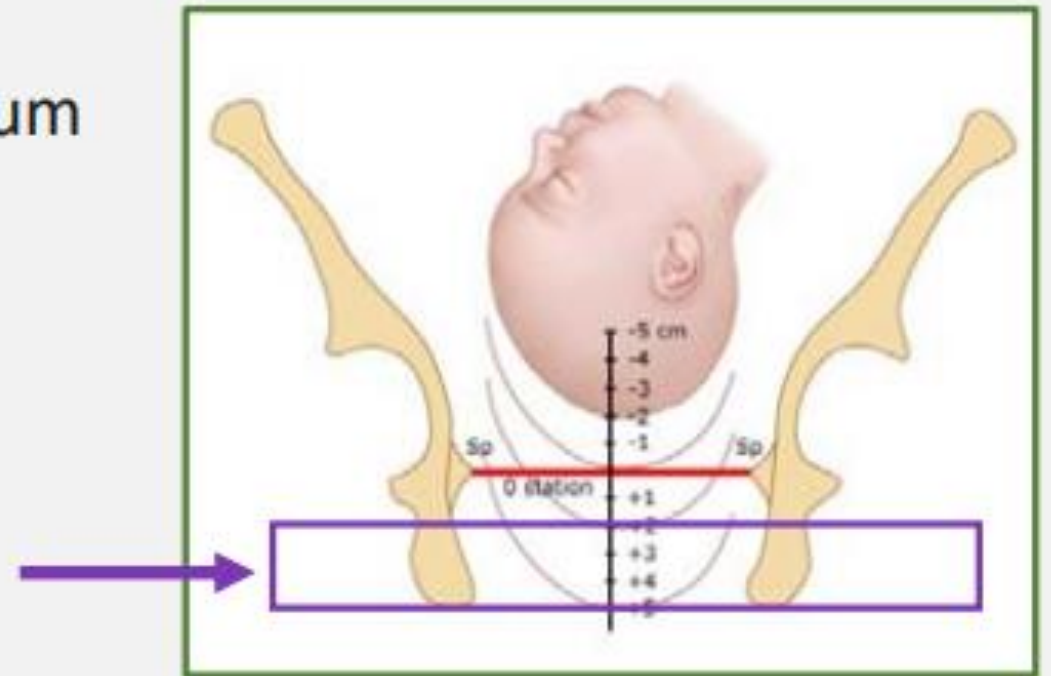


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# Maternal Positions to Assist in Opening the PELVIC INLET

## Opening the Pelvic Inlet

### Flying Cowgirl



## Walchers Maneuver



# Maternal Positions to Assist in Opening the MID PELVIS

## Opening the Mid-pelvis

### Peanut Ball



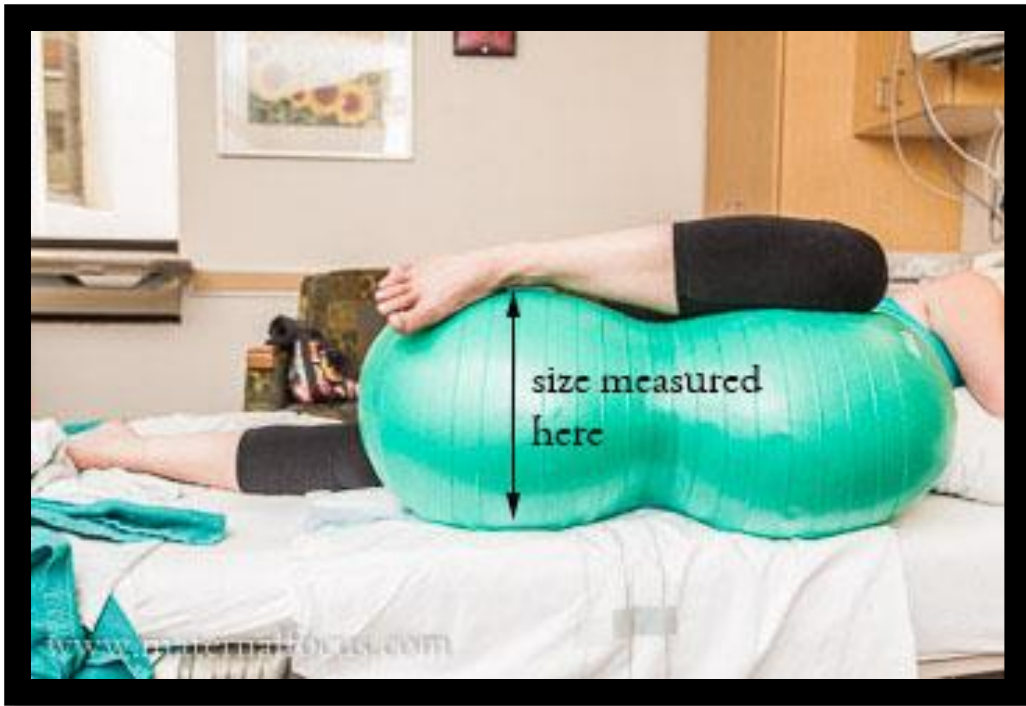
## Side Lunges



# Maternal Positions to Assist in Opening the PELVIC OUTLET

Opening the Pelvic Outlet

Fire Hydrant Position



Closed Knee Pushing



# Resolving Fetal Malposition

## Shake the Apple

- When to Use:
  - Swollen Cervix
  - Resolve an asynclitic presentation
- How?
  - Have patient assume knee chest position
  - Using a sheet – jiggle the patient's bottom approximately for 10 - 20 minutes
    - Spinning Babies



# Side-Lying Release

- When to use:
  - Malposition, or if labor stalls. – Often associated with pelvic imbalance
- How?
  - Assist with a side lying position, with the hips and shoulders stacked.
  - The top leg should hang over the bed and needs to be relaxed.
  - The bottom leg should be straight, with the toes flexed. As the pelvic floor relaxes, you will notice that the toes begin to relax.
  - Encourage the mother to remain in this position for 15 minutes, and then change sides



# Flying Cow-Girl

- When to Use:
  - Helpful for the baby who is still at a high station. The focus here is on ***Inlet*** opening
- How?
  - Place the peanut ball between the knees, keeping the ankles closer together
  - Instruct patient to push the hips forward until they lock out.
    - Rationale: Having the knees wide apart causes external rotation of the femur and the posterior pelvic tilt is achieved by fully extending the hips.



# Walcher's Maneuver

- When to Use:
  - Used in situations when the baby is in a high station with advanced dilation.
  - This is a position to use when there has been a stall in labor and is typically used as a last resort
- How?
  - Have patient lie on the end of the bed, with her feet dangling off the end.
  - Support feet.
  - Have her stay in this position for at least 3 contractions if she can tolerate it.
- Rationale – Assists in opening of the pelvis allowing the baby to tuck the chin and descend
- ***NOTE – Have provider close by and expect a possible decrease in fetal heart rate as the baby descends***



# Safety First for *You* and *Your Patients* *Let the Equipment Work for YOU!*



**Use of bed/stirrups to hold legs-  
Leg holding discouraged**



**Correct use of tug-of-war technique during Stage 2**





<https://images.squarespace-cdn.com/content/v1/5d29309385724b0001942ecd/1567128691126-KTFQIQIKI5K1BO2KM4DW9/minneapolis-birth-photographer-and-doula>



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Don't Forget the Toilet!

# Techniques for Patient Who Needs to Remain in Bed

## *Rock the Boat*

- When to Use:
  - This maneuver is helpful for a baby that has been mid-pelvis and needs to move down.
- How?
  - Rock patient back and forth slowly for 3 contractions on each side. Back leg is relaxed during this.



- Use a 60 cm peanut ball



Mid-Michigan Midland's presentation from the OBI Semiannual meeting Quick Tip's Guide

## *Forward Leaning with Peanut Ball*

- Great position for patients who have back pressure in conjunction with Counter Pressure
- Patient may use back of bed to grip for support



Mid-Michigan Midland's presentation from the OBI Semiannual meeting Quick Tip's Guide

*Hands and Knees with CUB*

# *Inlet with use of the Peanut Ball*

- When to use:
  - Baby needs to come into the pelvic inlet
- How?
  - Sit patient in upright position with feet resting on peanut ball with heels together and knees out



# Knees Together Position - *with use of the Peanut Ball*

- When to use:
  - When baby is in the OUTLET and additional room is needed during pushing
- How?
  - Place patient on her side with knees bent and position lower top leg on peanut ball. May need to place small towel, pillow or blanket between knees for comfort

