



RESOURCES

Labor Support Workshop

Start with: *Respectful Maternity Care Toolkit*

Free Download for AWHONN Members



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BOX 2 SELECTED RESOURCES FOR SUPPORTING PHYSIOLOGIC BIRTH

AWHONN Position Statement on
Nursing Support of Laboring Women
[www.jognn.org/article/S0884-2175\(15\)30584-0/abstract](http://www.jognn.org/article/S0884-2175(15)30584-0/abstract)

AWHONN Women's Health and Perinatal Nursing
Care Quality Draft Measures Specifications
www.awhonn.org/awhonn/content.do?name=02_practiceresources/02_perinatalqualitymeasures.htm

BirthTOOLS
birthtools.org

Consensus Statement of ACNM, Midwives Alliance
of North America, and National Association of
Certified Professional Midwives
mana.org/pdfs/Physiological-Birth-Consensus-Statement.pdf

Evidence-Based Birth
evidencebasedbirth.com/start-here


National Institute for Health and Care Excellence (U.K.)
www.nice.org.uk/guidance/cg190/chapter/recommendations

Optimal Care in Childbirth
www.optimalcareinchildbirth.com

Science & Sensibility Blog
www.scienceandsensibility.org/the-roadmap-of-labor-a-framework-for-teaching-about-normal-labor

Transforming Maternity Care
transform.childbirthconnection.org/reports/physiology

World Health Organization
*Safe motherhood care in normal birth:
A practical guide*
whqlibdoc.who.int/hq/1996/WHO_FRH_MSM_96.24.pdf?ua=1



Adams, E. D., Stark, M. A., & Low, L. K. (2016). A nurse's guide to supporting physiologic birth. *Nursing for Women's Health, February/March.* , p. 81

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Continuous Labor Support Position Statement

An official position statement
of the Association of
Women's Health, Obstetric
and Neonatal Nurses
(AWHONN)

Originally approved April
2000. Revised, entitled
"Nursing Support of
Laboring Women" and
re-approved June 2011.
Revised, entitled
"Continuous Labor Support
for Every Woman" and
re-approved November
2017. Revised, entitled
"Continuous Labor
Support," and re-approved
September 2025. The
previous version was
published in the *Journal of
Obstetric, Gynecologic, &
Neonatal Nursing*
(AWHONN, 2017).

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JOGNN

CLINICAL ISSUES

*Supportive Care During Labor:
A Guide for Busy Nurses*

Penny Simkin, PT

November/December 2002

JOGNN 721



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JOGNN

A Practical Approach to Labor Support

Ellise D. Adams¹ and Ann L. Bianchi²

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<http://jognn.awhonn.org>



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EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE | VOLUME 51, ISSUE 6,
PS1-S42, NOVEMBER 2022

Labor Support for Intended Vaginal Birth

Association of Women's Health, Obstetric and Neonatal Nurses

Published: September 15, 2022 • DOI: <https://doi.org/10.1016/j.jogn.2022.04.006>



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PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

LABOR SUPPORT FOR INTENDED VAGINAL BIRTH

EVIDENCE-BASED CLINICAL
PRACTICE GUIDELINE



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The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 766

(Replaces Committee Opinion No. 687, February 2017)

Committee on Obstetric Practice

The American College of Nurse-Midwives endorses this document. This Committee Opinion was developed by the Committee on Obstetric Practice in collaboration with committee members Allison S. Bryant, MD, MPH and Ann E. Borders, MD, MSc, MPH.

Approaches to Limit Intervention During Labor and Birth



Pages e165 refer to continuous labor support
Reaffirmed 2024

e164 VOL. 133, NO. 2, FEBRUARY 2019

OBSTETRICS & GYNECOLOGY

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CMQCC's Resources

https://www.cmqcc.org/sites/default/files/Vbirth-Toolkit-with-Supplement_Final_11.30.22_1.pdf



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Miles Circuit

The Miles Circuit
www.milescircuit.com

"I named this Circuit after my friend Megan Miles, who shared and discussed it with the when I was working with a client whose labor seemed to be stalled out and no longer progressing... This circuit is meant to help get the baby lined up, ideally, in the 'Left Occiput Anterior' (LOA) Position, both before labor begins and when some corrections need to be done during labor. Presumably, this position can help to rotate a baby. As a reborn method of induction, this can help get things going if baby just needed a gentle nudge of position to set things off. To the best of my knowledge, this group of postures will not "hurt" a baby that is already lined-up correctly." - Sarah Mads

Before you begin...

- This circuit takes at least 90 minutes to complete so clear your schedule and make mental preparations so you can relax in your environment
- The second step requires a lot of pillows so gather them up before beginning
- Before starting, you should empty your bladder!
- Have a nice drink nearby, and make sure it has a straw!
- If you are having contractions, this circuit should be done through contractions, try not to change positions between steps

Step One: Open-knee Chest

Stay in this position for 30 minutes, start in cat/cow, then drop your chest as low as you can to the bed or the floor and your bottom as high as you can. Knees should be fairly wide apart, and the angle between the torso/thighs should be wider than 90 degrees. Wiggle around, grip with lots of pillows and use this time to get totally relaxed. This position allows the baby to scoot out of the pelvis a bit and gives them room to rotate, shift their head position, etc. If the pregnant person finds it helpful, careful positioning with a reborn under the belly, with gentle tension from a support person behind can help maintain this position for the full 30 minutes.





The Miles Circuit

Step Two: Exaggerated Left Side Lying



Roll to your left side, bringing your top leg as high as possible and keeping your bottom leg straight. Roll forward as much as possible, again using a lot of pillows. Sink into the bed and relax some more. If you fall asleep, that's totally okay and you can stay there! If not, stay here for at least another half an hour. Try and get your top right leg up towards your head and get as rolled over onto your belly as much as possible. If you repeat the circuit during labor, try alternating left and right sides.

Step Three: Moving and Lunges

Lunge, walk stairs facing sideways, 2 at a time, have a spitter downstairs if you'd, take a walk outside with one foot on the curb and the other on the street, sit on a birth ball and hula- anything that's upright and putting your pelvis in open, asymmetrical positions. Spend at least 30 minutes doing this one as well to give your baby a chance to move down. If you are lunging or stair or curb walking, you should lunge/walk/go up stairs in the direction that feels better to you. The key with the lunge is that the toes of the higher leg and mom's belly button should be at right angles. Do not lunge over your knee, that closes the pelvis.




Miles Circuit Masterminds

Megan Hamilton Miles, Circuit Creator • www.milescircuit.com
 Sarah Mads, CD, MEd, DCHM, NCC, FRCPE, Supporting Content • www.sarahmads.com
 Emily Watson Smith, Photography • www.emilysarahsmithphotography.com
 Kate Dewey, CD/CF, IBAC, Post and Midwifery • www.littlebirds.com



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PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

1969-2019 50 YEARS



Nursing Care and Management
of the Second Stage of Labor
3rd Edition

Hard Copy approximately \$55 for AWHONN Members

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Sadism in the Delivery Room Part 1 and Part 2 Ladies Home Journal 1958 Birth Historian



Sadism in the Delivery Room? Pt 1 | Ladies Home Journal ...

YouTube · The Baby Historian
Apr 21, 2023



Sadism in the Maternity Ward Pt 2 | Ladies Home Journal ...

YouTube · The Baby Historian
May 17, 2023



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 [Receive the BirthTOOLS Newsletter](#)



QI Learn about nurse-sensitive perinatal quality measures being developed

-  A Focus on Physiologic Birth
-  A Framework for Quality Improvement
-  A Menu of Change
-  Shared Decision-Making
-  Unit Culture
-  Reducing Primary Cesareans
-  Browse All Resources & Tools
-  Browse All Improvement Stories



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Continuing Education Module

Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA, and NACPM*

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The Journal of Perinatal Education | Winter 2013, Volume 22, Number 1

This document is intended for health care professionals and policymakers. A companion document for consumers is in development.



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Putting current
Evidence Based
information into the hands
of Communities,
so they can make
Empowered Choices



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Peanut Balls for Labor - A Valuable Tool for Promoting Progress



Andrea D. Lythgoe, LCCE

Today, Andrea Lythgoe, LCCE and doula, takes a look at the peanut ball as a tool for promoting labor progress for women resting in bed or with an epidural. Many more facilities are making this new tool available to laboring women. Childbirth educators will benefit by understanding how to teach peanut ball use to families in the classroom and those professionals who attend births will want to know about the benefits and proper usage as well. Andrea shares the research that is available along with the personal perspectives of those who have used them firsthand. - Sharon Muza, Science & Sensibility Community Manager.



Most experienced peanut ball users recommend either the 45 cm or 55 cm sized peanut ball. The size is measured from the floor to the tallest point on one of the larger ends. Because it will be used between the legs to open up the pelvic outlet, you don't want it to be as large as the balls that are used for sitting and swaying. As I learned about the peanut ball, I found that many moms who did not like the peanut ball in

labor felt it was too big. For this reason, I chose to purchase and use the 45 cm sized ball, which is the size used in the photos that accompany this article.



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Transforming Maternity Care

A high-quality, high-value maternity care system is within reach. Be part of the transformation!

TRANSFORMING MATERNITY CARE BLOG

VISION

BLUEPRINT

ACTION

PROGRESS

IMPROVEMENT TOOLS

REPORTS

HORMONAL PHYSIOLOGY OF CHILDBEARING

Comprehensive Report Examines the Science on the Hormonal Physiology of Childbearing and Its Implications for Women, Babies and Maternity Care

The country's maternity care system is missing opportunities to provide better care and use resources more wisely by routinely intervening in labor and delivery in ways that interfere with, instead of promoting, supporting and protecting, innate biological processes that result in healthier outcomes for women and newborns. That is the conclusion of a major new report, *Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care*. The unprecedented synthesis of scientific research on how hormone systems function from late pregnancy through the early postpartum period concludes that commonly used maternity interventions — such as labor induction, epidural analgesia, and cesarean section — can disturb hormonal processes and interfere with the benefits they offer.



Sarah Buckley's "Hormonal Physiology of Childbearing: Evidence & Implications for Women, Babies...

By Penny Simkin, PT, CD/DONA, CCE, LQ, Comments



<https://www.lamaze.org/Connecting-the-Dots/Post/series-brilliant-activities-for-birth-educators-fun-childbirth-class-introduction-activities-1>



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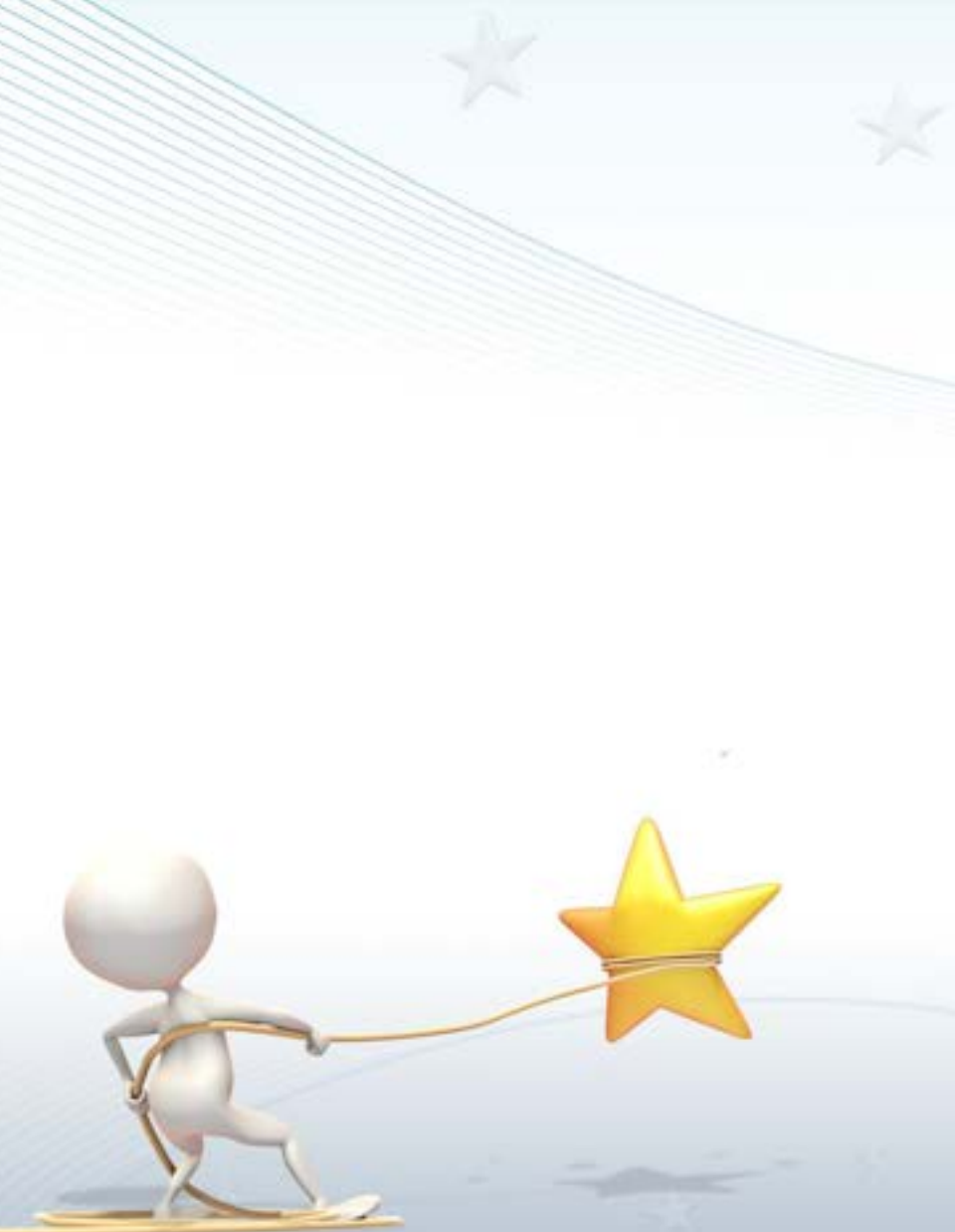
**Hormonal Physiology of Childbearing:
Evidence and Implications for
Women, Babies, and Maternity Care**



Sarah J. Buckley
January 2015

**Full report: Hormonal
Physiology of Childbearing:
Evidence and Implications
for Women, Babies, and
Maternity Care**

<https://nationalpartnership.org/report/hormonal-physiology-of-childbearing/>



WHO recommendations
**Intrapartum care for
a positive childbirth experience**



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Spinning Babies® Certified Parent Educator Training
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Spinning Babies® Aware Practitioner Approved Workshops
[Learn more](#)



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Penny Simkin's Resources

- 5 Rules for a patient receiving an epidural
 - ❖ https://www.youtube.com/watch?v=8D_uwo7P9nM

- Comfort in Labor

- ❖ <https://nationalpartnership.org/wp-content/uploads/2023/02/comfort-in-labor-simkin.pdf>



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Links to The Birth Historian's view on the Ladies Home Journal Articles

Sadism in the Maternity Ward Part One-
<https://www.youtube.com/watch?v=UgM6JURqfNE&t=231s>

Sadism in the Maternity Ward Part Two
<https://www.youtube.com/watch?v=9KHWTXfVy0Y>

