

Positions for Labor

Helpful Positions for Every Stage of Labor

Upright Positions:

These will progress your labor and help your baby descend into the pelvis and rotate.



Walking

- Provides change of scenery
- Boosts your confidence



Abdominal Lifting

- Alleviates back and groin pain
- Try abdominal lifts from the beginning to the end of several consecutive contractions



Sitting

- Good resting position
- Keep your knees lower than your hips to give the baby enough room to rotate

Forward Leaning Positions:

These can help your baby turn and align properly, progress your labor, and ease back pain.



Sitting

- Lean forward and rest your upper body against a bed, the back of your chair, or another sturdy surface



Standing

- Lean against a raised bed, a birth ball that's placed on a bed, or another sturdy surface



Hands & Knees

- Support your weight on your hands and knees, or kneel with your upper body on a birth ball
- Consider kneeling on a pillow
- Try this position during contractions, and rest in between contractions

Asymmetrical Positions:

Place legs at different heights, such as standing on the floor with one foot elevated on a stool. This opens one side of the pelvis more than the other, which helps make enough room for the baby to turn.



Stair Climbing

- Try stair climbing with a support person nearby
- Use the handrail to help maintain your balance



Kneeling Lunges

- Do kneeling lunges on a bed
- A support person is needed to help you maintain balance if you do kneeling or standing lunges
- Try lunging on both sides, and do more on the side that feels best



Standing Lunges

- Make sure that you have good traction under your feet
- Stabilize a chair or footstool that won't slide, and place it on your side
- Stand upright with one foot on the chair, and lunge over the raised knee until you feel a stretch in both thighs
- Shift your weight back to an upright position and repeat

Side-lying positions:

These are restful and help the baby rotate more than if you were lying down flat on your back. They are good positions to try if you've had an epidural, if you're tired, or if you're physically limited for any other reasons.



Side-Lying

- To do this position, lie on your right or left side with a pillow under your top knee for support



Side-Lying Pretzel/Semi-Prone

- You may prefer to roll over onto your chest with your upper knee drawn up toward you, keeping the pillow under your knee for support

Positions for the second stage of labor

(pushing and birth)

Pushing Positions:

There are several beneficial positions for the second stage of labor. Consider trying these positions instead of lying flat on your back, which doesn't offer any gravity advantage and may not give your baby enough room to move.



Sitting

- These positions offer gravity advantage and a little more room for your baby to rotate
- Semi-sitting or sitting upright may not always give babies enough room to move, so consider pushing in a variety of ways



Hands & Knees

- This position uses gravity to help your baby rotate
- Modify the hands-and-knees position during the second stage by leaning on the back of the bed, a squatting bar, or over a birth ball



Squatting

- Squatting has a significant gravity advantage and opens your pelvis to assist the baby's rotation
- Keep your feet flat on the floor or a sturdy lowered section of the bed, and lower yourself into a squatting position with the help of a partner (you can also use a squatting bar, which attaches to the hospital bed)



Side-Lying

- During pushing and birth, your legs will need to be far enough apart that the baby can come out
- Your upper leg will be supported by a support person or by a leg rest that's attached to the hospital bed

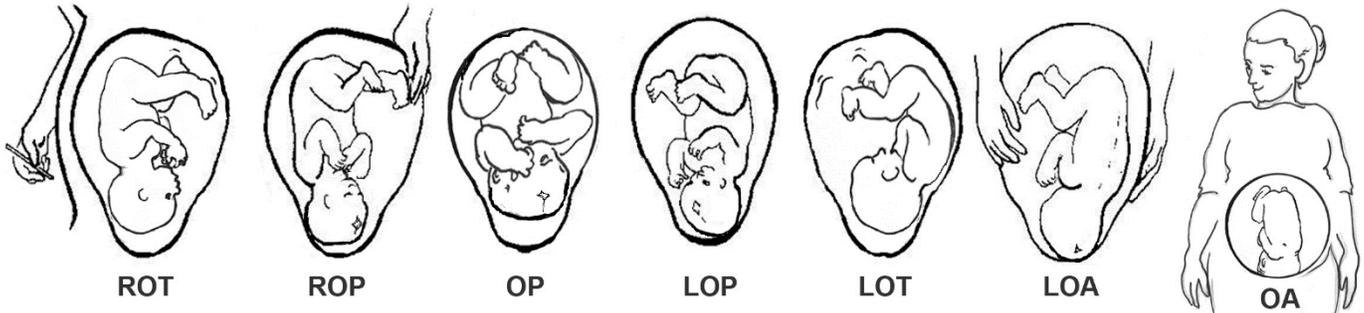
take note

- Practice all of these positions at home with a support person (becoming familiar with them now will make it easier to use them during labor and childbirth)
- Don't attempt actual pushing before your labor begins
- It's helpful to change positions every 30 minutes, switching from being restful to being active
- If you find that a certain position or movement feels better than others, and your labor continues to progress, you may stay in that position for as long as you like
- Don't use any position that doesn't feel right or if the baby's heart rate decreases as you're using it

Movement can be applied to most of these positions, so experiment until you find movements that feel soothing and natural

The Miles Circuit

This circuit is useful to help get the baby lined up correctly, in the Left Occiput Anterior (LOA) position, both before labor begins and when some corrections need to be done during labor. I named this circuit after my friend, Megan Miles, a doula and student midwife, who first shared it with me, as I brainstormed ideas to help a client have a successful VBAC. It has worked so many times both pre-labor and during labor that now I teach it in doula trainings, childbirth classes and share with my clients!



Prenatally, this position set can help to rotate a baby. As a natural method of induction, this can help get things going if baby just needs a gentle nudge of position just to set things off. In labor I often suggest this set of positions when labor seems to be not progressing, (i.e. contractions are not getting longer, stronger, closer together) mom has back labor or the position is determined to be not LOA, either by vaginal exam or external palpation. To the best of my knowledge, this group of positions will not "hurt" baby that is already lined up correctly.

This wonderful set of drawings, The Fetal Compass Rose, by Gail Tully, Spinning Babies can help you to understand the different positions. The entire circuit should take 90 minutes from start to finish, and if contractions are present, right through the contractions. Before starting, mom should empty her bladder and have a nice drink in a sports bottle nearby for hydration.

Step 1: Open Knee Chest Position

30 minutes in open knee chest-start in cat/cow, then drop your chest as low as you can to the bed or 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, prop with lots of pillows, and use the 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 head position, etc. If mom finds it helpful, careful positioning with a rebozo under her belly, with gentle tension from a support person behind can help her to maintain this position for the full 30 minutes.



Similar to this image above, but the knees should be further back so the angle between the belly and the thighs is more open!



Step 2: Exaggerated SIMS:

Roll to your left side, bringing your top leg as high as possible and your bottom leg straight. Roll forward as much as possible, again using lots of pillows. Sink into the bed and relax some more. If you fall asleep, great, but 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 possible.

Step 3: Get up and active

Lunge, walk stairs facing sideways, 2 at a time, (have a spotter stand downstairs of you!), take a walk outside with one foot on the curb and one 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 a 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 upstairs in the direction that feels better to you.

The key with the lunge is that the toe of the higher leg and mom's belly button should be at right angles. Do not lunge over your knee; that closes the pelvis.



Comfort Measures for Labor

Atmosphere

- ✿ Music
- ✿ Affirmation
- ✿ Aromatherapy
- ✿ Dim Lights

Basic Relaxation/Rhythmic Breathing

- ✿ Slow Breathing
- ✿ Light Breathing
- ✿ Low Toning
- ✿ Relaxation countdown
- ✿ Roving Body Check
- ✿ Take Charge Routine

Devices & Positions

- ✿ Support with pillows
- ✿ Rolling Massage Tool
- ✿ Cool Cloth
- ✿ Fan
- ✿ Hot Water Bottle
- ✿ Rice Sock
- ✿ Birth Ball – Sit
- ✿ Hands & Knees (Ball)*
- ✿ Pelvic Tilt
- ✿ Hand Massage
- ✿ Squishies-Hand Combs
- ✿ Foot Massage
- ✿ Criss-Cross Back Massage
- ✿ Baths/Shower

Techniques for Back Pain & Labor Progress

- ✿ Open Knee Chest Position
- ✿ Straddle Chair
- ✿ Pressure Techniques
- ✿ Double hip squeeze
- ✿ Knee Press
- ✿ Stomp, Stomp, Squat*
- ✿ Rolling Pressure
- ✿ Side-lying/Semi Prone*
- ✿ Ice Pack
- ✿ Standing Lunge
- ✿ Kneeling Lunge
- ✿ Abdominal Lift-Rebozo
- ✿ Stair Climbing/Walking

More Support Options

- ✿ Offer food or beverage
- ✿ Positive verbal assurances
- ✿ Combing Hair, Scalp massage
- ✿ **Reminding to empty bladder every half hour**
- ✿ Friction Rub
- ✿ Undivided Attention
- ✿ Confidence, Patience
- ✿ Eye Contact
- ✿ Anticipate next surge
- ✿ Acknowledge her pain
- ✿ Backwards Kegel
- ✿ Report on what you see

The Take Charge Routine, By Penny Simkin, PT

Reserve this for any time in labor when your partner hits an emotional low or:

- She is in despair, weeps or cries out
- She wants to give up and feels she cannot go on
- She is very tense and cannot relax
- She is in a great deal of pain

The take charge routine is exactly that. You move in close and do all you can to help her until she regains her inner strength. Usually her despair is temporary; with your help she can pass through it and her spirits will rise.

Use whatever parts of the following seem appropriate:

- **Remain Calm.** Your touch should be firm and confident. Your voice should remain calm and encouraging.
- **Stay close by her side, your face near hers..**
- **Anchor Her.** Hold her shoulders or her head in your hands gently, confidently, firmly or hold her tightly in your arms.
- **Change your ritual during contractions.** Try a different position. Try changing the breathing pattern. Breathe with her or pace her with your own hand or voice.
- **Encourage her every breath.** Guide her in abdominal breathing "*Breathe with me...BREATHE WITH ME...That's the way...Just like that...Good...Stay with it...Just like that...Look at me...Stay with me...Good for you...It's going away...Good...Good...Now just rest. That was good.*" You can whisper these words or just say them in a calm, encouraging tone of voice. Sometimes you have to raise your voice in order to get her attention. But try to keep your tone calm and confident.
- **Talk to her between contractions.** Ask her if what you are doing is helping. Make suggestions: for example, "With the next one let me help you more. I want you to look at me the moment it starts. We will breathe together so it won't get

ahead of us. Okay? Good. You're doing so well. We are really moving now..."

- **Repeat Yourself** She may not be able to continue what you tell her for more than a few seconds, but that's fine. Say the same things again and help her continue.

- **What if she says she can't or won't go on?** Do not give up on her. This is a difficult time for her. You cannot help her if you decide she cannot handle it. Acknowledge to her and to yourself that it is difficult but not impossible.

Ask for help and reassurance. The nurse, midwife or doula can help a lot -- measuring dilation, giving you advice, doing some of the coaching, trying something new, even reassuring you that your partner is Okay and that this is normal. Remind her of the baby. It may seem surprising, but some laboring women are so caught in labor that they do not think much about their baby. It may help her to remember why she is going through all of this.

- **What about pain medication?** Avoiding them is best for both mom and baby. You need to assess:
 - Her prior wishes how strongly did she feel about an un-medicated birth?
 - How rapidly is she progressing? How far does she have to go?
 - How well is she responding to more active coaching?
 - Is she asking for medication herself? How easily can she be talked out of them?

These factors should help you decide what to do. It is sometimes difficult to balance present wishes against prior wishes. Try to stick with what she wanted before labor regarding medication use. But, if in labor she insists on changing from a plan of not using them, respect her wishes.

Numerous women have said, "I never could have done it without my partner. If it would not have been for him (or her) I would have given up." By using the Take Charge Routine, you can indeed get your partner through those desperate moments when she feels she cannot go on.

You can truly ease her burden by helping her with every breath. Remember the 5/30 rule – try to make it through 5 more contractions or 30 minutes whichever comes first.

What is a doula?

The word "doula" comes from the ancient Greek meaning "a woman who serves" and is now used to refer to a trained and experienced professional who provides continuous physical, emotional and informational support to the mother before, during and just after birth; or who provides emotional and practical support during the postpartum period.

Studies have shown that when doulas attend birth, labors are shorter with fewer complications, babies are healthier and they breastfeed more easily.

A Birth Doula...

- *Recognizes birth as a key experience the mother will remember all her life*
- *Understands the physiology of birth and the emotional needs of a woman in labor*
- *Assists the woman in preparing for and carrying out her plans for birth*
- *Stays with the woman throughout the labor*
- *Provides emotional support, physical comfort measures and an objective viewpoint, as well as helping the woman get the information she needs to make informed decision*
- *Facilitates communication between the laboring woman, her partner and her clinical care providers*
- *Perceives her role as nurturing and protecting the woman's memory of the birth experience*
- *Allows the woman's partner to participate at his/her comfort level*

Research evidence shows that the quality services of a postpartum doula can ease the transition that comes with the addition of a baby to a family, improve parental satisfaction and reduce the risk of mood disorders.

A Postpartum Doula...

- Offers education, companionship and nonjudgmental support during the postpartum fourth trimester
- Assists with newborn care, family adjustment, meal preparation and light household tidying
- Offers evidence-based information on infant feeding, emotional and physical recovery from birth, infant soothing and coping skills for new parents and makes appropriate referrals when necessary

Doulas certified by MotherMe Doulas on Call are designated by the initials MMCD.

On the Labor Room: A Doula's Tips for Friends and Family

In addition to doulas—and more *frequently* than doulas—friends and family members are often asked to accompany a woman and/or her partner in the labor room.

As a doula, I've attended births where I was the only additional support person, and I've attended births where I was one of *many* additional support persons. Even as a woman in labor myself, I've chosen a number of different support people for each one of my three births.

One thing I've noticed—both as a doula and as a laboring woman—is that these additional support people are sometimes unsure about how to navigate “labor room etiquette.” They might wonder what to do, what to say, what *not* to do, what *not* to say. And oftentimes, the answers to these questions vary from woman to woman, from birth to birth.

I've come up with a number of recommendations for those who have been asked to be present during a woman's labor. To be clear, a physician or midwife or labor and delivery nurse would probably have slightly different—and equally valuable—suggestions. But from my perspective as someone who is trained to give continuous emotional and physical support to women during labor, this is what I think people should keep in mind when they are asked to join a woman in the labor room.

Ask about what your role should be ahead of time.

Each woman is going to have a different idea for the sorts of roles she envisions the members of her support team playing. She might want her partner and the nursing staff and care provider to be the *only* people who touch her. Or she might be inviting you because you are known for your spectacular arm massages. She might not want any photographs of the birth. Or she might be inviting you specifically so that you can take pictures. She might prefer silence from everyone in the room during her labor. Or she might want you in the room because she loves the verbal encouragement you've always given her.

All you need to do is ask what she wants from you. And when she describes what your role is—even if she changes her mind about that role mid-way through labor—all you need to do then is respect her wishes.

If a woman is coping well, let her set the tone for the room.

By “coping well,” I don't mean that she is all-smiles and chatting throughout every contraction. Instead, I mean that she is managing the intensity of her contractions with whatever type of coping is working well for her at the time.

Coping can be quiet, or it can be loud. It can involve singing, grunting, and even swearing. It can involve movement and swaying and rocking, or it can involve a relaxed stillness as a woman goes deep within herself to meet each contraction. It is often rhythmic: not frenzied or chaotic, but not necessarily still and silent either.

Whatever the case, as long as it is clear that her pain has not become suffering—as long as she is coping and not losing her ability to manage her contractions—then it is best to follow her lead when it comes to the tone of the labor room. Is she making jokes? Don't worry about laughing as much as *she* is laughing! Is she serious? Let her be serious! Is she downright blissful? Revel in the bliss with her! Is she expressing a little bit of fear about the work ahead of her? Give her a safe space to share her feelings! Just don't try and force the tone of the room to be anything other than what a well-coping woman wants it to be. These moments are about her comfort: not yours.

If you don't have anything nice to say, don't say anything at all.

This is something my mom always said to me when I was a kid. I think it's just as appropriate for adults as it is for children, and I think it's especially appropriate for the labor room.

For on the one hand, this will be the day that a woman is bringing her *baby* (or *babies*) into the world. It's not the time for her to feel stressed out, scared, or hurt by what other people say to her or about her.

On the other hand, stress, fear, and doubt can all have negative impacts on pregnancy and labor themselves. So save comments or topics that might stress out the mother for another time and place: in the labor room, it's the time and place for love, support, and encouragement.

Unless you have been given express permission to do otherwise, don't speak *for* the laboring woman: let her and her partner ask questions and express their own concerns.

Even as a doula, it is not within my scope to speak *for* a laboring woman. I can help her to formulate questions to ask her care provider. I can encourage her and support her and remind her that she always has the *right* to ask questions about her care. But it's not my role to ask these questions or speak to her concerns myself.

To this effect, it can be stressful both to a laboring woman and to her caregivers if her support people are attempting to speak in her place. It's not that it is *inappropriate* to ask questions regarding an issue or recommendation about which you are curious.

Some nurses, midwives, and physicians even love to educate others about the process of childbirth! Just make sure that any questions you ask or comments you make are a) voiced at an appropriate time (i.e. not when the caregivers are busy attending to immediate concerns) and b) not intended to replace a woman's own voice.

Leave comparisons to other people's labors for another time.

Bring up your cousin's labor that lasted for 58 hours? The woman in labor is likely to start worrying that *her* labor is going to be an ultra-marathon too.

Mention something about how her sister's labor only lasted 3 hours? The woman in labor might think that she's "doing something wrong" by taking a longer time to bring her baby into the world.

References to how you didn't use any pain medication might make the woman who is opting for an epidural feel as if she is letting you down, and exclamations that this is "just like last time" might make the woman planning a VBAC feel as if she is headed for another cesarean section.

Each woman, each baby, each labor, and each birth is different and unique.

Comparisons to any other woman, baby, labor, or birth might very well send the laboring woman into a mental and emotional tailspin. Just leave those conversations for another time and place.

If you are asked to leave the room, don't take it too personally.

Oftentimes, a woman in labor will discover that what *actually* wants is different from what she *expected* she would want. And so the woman who couldn't *wait* for you to join her in the labor room might determine in the midst of labor that instead of a room full of people, what she really wants is just her, her partner, and her caregivers.

As sad as you might be to leave this birth—and you are certainly allowed to feel sad about it—try and respect whatever needs the laboring woman might be expressing with her request. Tell her you love her and step out quietly, in kindness and in gratitude for the moments you were able to share with on this special day. It's likely not that she loves you any less: it's just that at this particular time and place, she needs more peace, quiet, and calm in order to move forward in her labor.

Be kind. Be thoughtful. Be grateful for this amazing opportunity. And act and speak from a place of love.

So much of what I have written might seem like a stern list of "don'ts": a list that is lacking many "do's."

For the most part, I wouldn't expect someone not trained to provide labor support to be able to do what trained support people are able to do. I wouldn't expect friends and family to provide medical care (that's for the midwives, doctors, and nurses), and I wouldn't expect them to have knowledge of all of the physical and emotional comfort measures that doulas offer (that's what we're trained for).

But I would expect them to love the woman and/or her partner, and I would expect that love to be far different and much deeper than the feelings that *any* of the hired support people or care providers have for the new parents.

This is what you bring to the labor room: that unique, amazing, deep love for the new parents and the new baby. And if you act from this love, if you speak from this love, if you choose everything you do in the labor room from a place of selfless love, then you will likely be giving the best possible support you can in the labor room.

Do you really want a natural birth or do you wish you wanted a natural birth?

- Pay attention in class. Ask the difficult questions of your care provider and place of birth.
If they don't seem to completely support your desires for birth, change.
- Prepare your body and your mind for a long birth. Actively practice relaxation techniques and birthing through pain techniques.
- Get regular chiropractic care and prenatal massage.
- Hire a doula who will support you in the trenches.
- Practice the "3 Sisters" techniques on a regular basis.
- Practice Spinning Babies Daily Essentials.
- Ignore early labor – have secret sensation time
- Remember oxytocin (love) needs privacy, dim lighting, warmth.
- Catecholamine (stress) eats up oxytocin. Avoid spectators & questions. Keep your birth space sacred and love-filled.