

## USING BIRTH POSITIONS TO YOUR ADVANTAGE

**Squatting** is the quickest way to get the baby out because of the way the pelvis ‘swivels’ (think of the top closing and the bottom opening) to let the baby come out quicker, plus in that position, the tail bone totally is free to swing out of the way, making the largest possible opening in the bony pelvis. NOTE: some people believe that squatting puts more pressure on the perineal area, making it more likely to tear; but some people say it won’t make you more likely to tear.

You should push in whatever position you are comfortable with, but if there is no appreciable progress happening after 30 minutes change positions and try something else. You will probably start pushing in the ‘C’ position - you don’t HAVE to, but often this is by ‘default’/ encouragement of the medical staff. BUT don’t stay there if it is not working. If after 30 minutes of effective and strong pushing the baby isn’t budging much, then don’t beat your head against a brick wall. Suggest you next go hands and knees (more tiring) or side (less tiring), and finally squat if the other positions don’t work. Then rotate through the positions again if necessary to help conserve energy. The mom will tire pretty quickly in the squatting and hands and knees (unless leaning over the back of the bed or birth ball) because she has to support her weight more with legs or arms than in the side or ‘C’ position.

**NOTE:** Sometimes moms end up with a “time’s up” C-section after NO drugs because of pushing over two hours with ‘no progress,’ despite no problems with baby and the mom’s willingness to continue. Therefore, you might want to create a more specific ‘plan’ or schedule for pushing and to try the positions ahead of time to figure out which are more comfy and where the coach’s hands go, etc. AND discuss your plan ahead of time with the doctor or midwife and again when you are ready to push during labor so everyone knows you are not interested in time limits unless the baby or mom is in trouble.

I have also heard that occasionally, flat on the back can actually help, if you’re getting close to that time limit or the mom is getting worn out and the baby is not rotating down under the pubic bone. Try one or two contractions pushing flat to try to help the baby navigate under the pubic bone. (This helped my last mom who delivered; pushed 3 hrs, in all sorts of positions, then remembered this and tried it and had a baby in 5 minutes later -she horseback rode a lot, and all that bouncing must have caused her abdominal muscles to stretch a bit and the uterus to tip forward further than usual, making the angle the baby has to navigate around the pubic bone steeper and harder.) Women with tipped uteruses can benefit from this too, but I tell them NOT to try the position until a last resort because of the dangers of flat on back positioning, plus only stay there briefly when pushing, and roll over to the side between contractions. If it is going to work, it usually works pretty quickly - one or two contractions and the baby will pop right out.

### **For posterior births:**

- 1) Hands and knees are great. May help to do: a) pelvic rocks; b) wiggling hips side to side (WIDELY!! not a time for modesty here!!) -- like a hula dancer!; c) pump knees up to chest one after the other, as if you're riding a bicycle.
- 2) ANY forward leaning position (stand facing a wall, cross anus on wall and lean forward, or do the same using support person; lean over a birth ball; etc.);
- 3) Lunges are great (works best if your foot is elevated enough that your upper leg is fairly level. Your leg should be as far to the side as possible (90 degrees from front of body). Slow, steady, deliberate, deep lunges. Lots of times moms will only lunge part-way. It helps to get somebody either in front (or right up behind you--let's get REAL friendly here!) and lunge with you while holding hands (if support person is in front) or your waist (if support person is behind you).
- 4) Walking up and down stairs can help.
- 5) Stomping/marching in place may help.
- 6) Sometimes if baby is posterior, it may kinda get "wedged" in the wrong position. Doing any of the above, plus putting your hands under your belly and gently lifting, may help the baby who's got himself "stuck" in the wrong place to get "unstuck" and move to where he belongs.

If baby doesn't turn, hands and knees will still help; double hip squeeze helps relieve pain; double knee press can be wonderful, and is easier for the support person to do than the hip squeeze. If you've never done this, the mom needs to sit up straight, on a chair, couch, etc. **THAT WILL NOT MOVE.** Her back needs to be firmly against the back of the chair or place plenty of pillows there to support her back. Support person kneels on the floor in front of her, puts palms of hands under/around kneecap, and push legs -HARD -- straight in towards the small of her back. HINT -- this works MUCH better if her legs are level to the floor. If she's got short legs or a tall chair, you may need to place a stool or books in front of her to put her feet on. Otherwise, the support person will be doing a lot of lifting of legs as well as pushing. This DOES NOT feel nearly as good if the legs are angled down toward the floor. This technique really opens up the pelvis and gets the pressure of the baby off the spine.