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MOVING FOR AN EASIER BIRTH

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MOVING FOR AN EASIER BIRTH

The techniques in this course have proved to be effective in situations where labour is painful, slowed down or stopped because your baby is not in an ideal (sub-optimal) position. Apart from the rebozo, it is not necessary to use the techniques unless a suboptimal position is suspected. When using these techniques in labour be guided by your comfort – ***if a position causes pain stop using it.***

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Sub-optimal Position

Signs of sub-optimal position may include some of the following:

- Backache, pain above the pubic bone (often sharp).
- Pain and discomfort in hips or groin and sometimes radiates down thighs.
- Baby's kicks and movements may be felt at the centre top of the abdomen or at the front.
- Sometimes pain location is described as 'feels everywhere'.
- During contractions may be unable to lie down especially during the early labour stage.
- Prolonged latent phase of labour.
- Prolonged labour and pushing stage.

Many of the techniques are also useful in relieving discomfort through pregnancy - each section details the "right time to use them" and any contraindications.

Do discuss them with your midwife if you have any doubts.





Sifting

When to use

During Pregnancy. Use a rebozo, shawl or scarf to gently sift or jiggle the abdomen. Can be used daily. This can soften the broad ligament and increases the likelihood of successful optimal positioning of the baby. Particularly useful before using other positions to help balance the pelvis.

Early Labour and first stage. Also provides comfort in labour and promotes relaxation. Sift in between contractions. Can be done for as long as the woman wants. Use a gentle rhythmic motion, can be fast or slow depending on individual preference.

Caution: *Be extra gentle with an anterior placenta, avoid if there has been persistent bleeding throughout pregnancy.*

Sidelying Release

When to use

During Pregnancy. once or twice a week to improve and maintain pelvic balance and stability. 5-10 minutes each side.

Labour. At any point in labour where malposition is suspected, latent, first and second stage. When labour stalls. 5-10 minutes each side or for three contractions.

Also in second stage when progress is slow, despite good pushing effort, or contractions space out.



When used with an epidural, the foot of the extended leg should be supported to avoid any possibility of overextending ligaments (this image shows the ideal position for shoulders and pelvis, vertical and aligned with each other.)

This position requires you to be close to the edge of the bed or sofa so the leg can hang freely. Make sure your partner can assist you or arrange furniture to hold on to. It is Advisable to mobilise for a few minutes after the exercise.



Exaggerated Lateral

Resting is important.

This position aids relaxation and can help rotate baby.

Lie on side using pillows to support the abdomen, leg, ankle and foot – almost like a nest and arranged as per the image.

Then, rotate shoulders so they are parallel with the floor or bed.

Use position on both sides.

Rest for 30 mins between mobilising and using other positions.





Forward Leaning Inversion

When to use

During Pregnancy. Daily, improves and maintains pelvic balance and stability. Can help untwist ligaments that hold the uterus in place which then gives baby more space to find the best position for birth.

Labour. In latent, early and first stage of labour. 2 FLI for 30 seconds each in quick succession. 2 long breaths to regain balance or if dizzy.

Use a steady surface like a bed or sofa. Have a helper with you during the first few times in case of dizziness.

Remember to kneel straight up and take two long breaths after the downward position.

This position can be used crawling down from a chair or sofa.

Always make sure you are safe. It may be best to do this with a friend or partner present.

Contraindications - high blood pressure, polyhydramnios, glaucoma or any condition that increases risk of stroke.



Shaking the Apple Tree

When to use

Labour. for comfort in first and second stage. Can relax large muscles and create more space. Can help the baby descend in pushing stage. Use if there's a delay when pushing.

Shake buttocks and / or thighs in-between contractions.





Lunge

When to use

Labour. aids rotation and descent when back to back baby or asynclitic (baby's head cocked to the side) Can help overcome a stall in labour. Can be done in both first and second stage. Best with strong regular contractions.

Rock gently towards the knee during contractions, 5-10 on each side.

Caution: Do not extend knee over the end of the foot as this may overstretch ligaments causing injury.



Abdominal Lift and Tuck

When to use

Early Labour. To aid flexion, engagement and descent. This position works best if the baby's head is fairly high in the pelvis, use in latent or first stage. Use when contractions don't seem to increase in strength over time or when there are strong contractions but baby is high in the pelvis. Useful for back labour.

Woman does pelvic tilt, flattening lower back, partner lifts abdomen a couple of cms.

Hold position during each contraction for 10 consecutive contractions.

Do this with a midwife present, especially if previous labours have been fast – it can work quickly!

Caution: Avoid if baby's head is not engaged well and the bag of water has been released. Stop if the baby moves excessively while using the technique.



PREGNANCY ADVICE

Join us online:



Walk daily



Swim



Yoga or Pilates

Wear correct size bra.

See physio, osteopath, or other physical therapist, if known pelvic or spinal alignment problems – eg after a fall or accident.

Avoid reclining on soft sofas.

Use the **correct size** Birth ball to sit and to rotate hips to help mobilise and free sacrum. Kneel and lean forward using the ball for support.



- Your height 4'8" to 5'3" = 55cm ball
- Your height 5'4" to 5'10" = 65cm ball
- Your height 5'11" to 6'4" = 75cm ball



Calf Stretches

Wearing shoes with a heel or sitting for long periods can cause calf muscles to shorten.

They join the hamstrings at the knee – which attach to the pelvic floor at the other end.

Lengthening and stretching these muscles can improve and maintain pelvic balance.