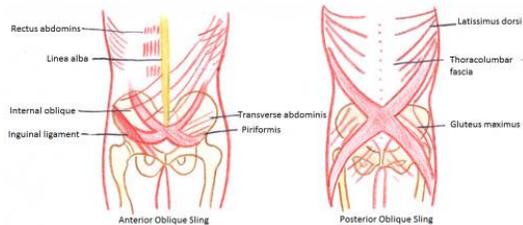


Position in Action



Name, Why, How, When

Belly Sifting, Shake the Apples, and The Jiggle

Our bodies are covered in fascia, a layer of netting holding us together. This fascia, over the course of our life becomes tight and twisted. These techniques are meant to relax the fascia, uterine ligaments, and abdominal muscles, allowing for more space within our bodies for baby to rotate into an ideal birthing position, as well as for helping the birthing person relax into labor.

Belly Sifting – gently lift the belly (not to catch on ribs, breasts or hips) with the rebozo lifting baby up off the pelvic floor, allowing mother to feel the weightlessness. Then gently sift the skin/fascia of the belly. This should be gentle and enjoyable, and should not disrupt the baby or placenta in a negative way. When the fascia loosens and relaxes, the mother and the baby will have more mobility, flexibility, and space to work together. Daily, throughout labor, between contractions.

Shake the Apples (booty shake) – gently rebozo the birthing person's bottom and hips to release the fascia in these areas. Daily & throughout labor.

The Jiggle – Our fascia responds to vibration that increases our hydration, circulation, and mobility, making birth much more enjoyable and efficient. Jiggling the fascia will allow the tissues and ligaments to release and ripple across the body to wherever they connect (ex. The hips to the abs to the groin, etc). The birthing person should be in a comfortable position, while the giver finds a fluid movement that is neither a deep tissue massage, nor light friction. It is a give and take, and so both the giver and receiver should feel this ripple effect. Once the motion is found, continue for 10-20 minutes until all tension has melted away. Then announce quietly that you will slow down, stop, and come away from the birthing person as to not disrupt their comfort. Any quick movements would be like turning on the lights when they are half asleep. Daily & throughout labor.

*Use of rebozo manteada is a cultural birthing technique used by indigenous weavers and Mexican midwives who have studied and apprenticed for years and as such I no longer teach/use this in my standard practice. The Spinning Babies Jiggle Technique is a way of replacing the rebozo with a less culturally specific way to vibrate the fascia and relax the body to make space for the decent and rotation of your baby.



Lift and Tuck

By yourself, with partner, with rebozo

To reposition baby for more effective and efficient labor progress

Start with a standing stretch for maximum effect

Lean against wall or partner for support

Tilt pelvis under

Hold low under belly

Lift upwards and inwards

Hold for a couple breaths

Let down slowly - don't drop baby

Daily, Early Labor, Active Labor, Stalls



Counter Pressure / Hip Squeeze

As baby moves to come down and out, our hips flex and move to allow for fetal space and movement.

In any position (standing, sitting, on ball, on bed, hands and knees, etc) that hips are accessible.

Finding spot on laboring person's hips and applying equal distribution of strength to allow for temporary relief in labor. Pressing lower will allow the hips to open upward allowing baby to into the pelvis. Pressing higher will allow the hips to open downward allowing baby to pass through the outlet.



Location may vary per person and may change throughout labor as labor progresses and baby descends.

Early Labor, Active Labor



Calf Stretch & Labor Squats

Calf Stretch

Helps lengthen and strengthen hamstring in preparation for squats

Use rolled up yoga mat, towel or wall to lean into. Toes of angled foot are about at the arch of the flat foot in distance placement.

Daily, Early Labor

Squats

By yourself, with standing partner, or with squatting partner

Helps lengthen and strengthen pelvic floor, adds flexibility to soft tissue within pelvis

Like you are going to pee/poop in the woods, but you don't want to get it on your shoes... stick your butt Out/Back

Knees over heels
Anterior Pelvic Tilt

Daily, Early Labor, Active Labor



Labor Lunges/Side Lunges

With Stool, on Steps, with Chair

Do with partner so that chair does not slide/birthing person does not fall

Elevated foot at 45 degree
Grounded foot facing forward
Looking forward, lean towards elevated foot
(do not turn towards elevated foot)
Same number of lunges on both sides for balance

Daily, Early Labor, Active Labor



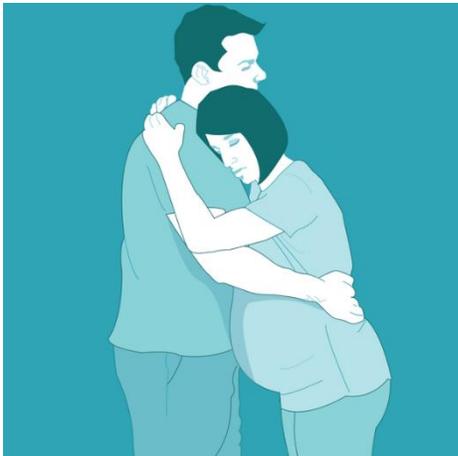
Side Stepping up/down stairs

Opens hips differently
Allows for balance, movement, and gravity
Invites baby to engage

Hold railing, have partner follow each step
Step with first foot up 1-2 steps
Meet first foot with second foot
Repeat all the way up and down BOTH sides of staircase to stay balanced

*wear pad in case water breaks

Daily, Early Labor, Active Labor



Slow Dancing

Allows for balance, movement, and gravity
Allows for counter pressure accessibility

Sway hips, supported by partner while doula applies counter pressure, or vice versa

Daily, Early Labor, Active Labor



Birth Ball

Allows for rest and movement
Allows tail bone to flex
Opens hips
Allows balance
Allows gravity

Sit, Swivel, or Bounce on ball for active use of balance, movement, and gravity

Daily, Early Labor, Active labor



Backward Chair / Backward Toilet

Opens hips, allows for counter pressure, allows for rest

Sit backwards on chair or preferably toilet.

In a bathroom you can shut the door, dim lights, have all your comforts plus privacy and support allowing oxytocin to increase and labor to progress. Plus, where have you been taught to release your whole life? On the toilet!

Active Labor



Ball Squeeze

Relieves Symphysis Pubis dysfunction

Squeeze ball between knees 10-20, then between thighs 10-20

Daily



Hands and Knees

Better position for mother and baby

Gives birthing person more control and security in vulnerable circumstances

Our wrists are not normally used for load-bearing exercises, so use a ball, bed, chair or pillow if wanted

Sway hips, apply counter pressure, or push if it's time



Tub Time

Helps ease contractions, relieves back and hip pain, allows baby to move more easily when birthing person is relaxed

Get in water; tub, shower, sit, stand, hands and knees, reclining, squatting, etc. Sometimes helps if partner pours water over belly or back during contraction

Daily, Early Labor, Active Labor



Peanut Ball

Magically opens up hips for baby to come down when resting or if an epidural is needed/wanted.

How the ball is positioned matters! Hips opening upward means baby can come down into pelvis, hips opening downward means baby can come down and out

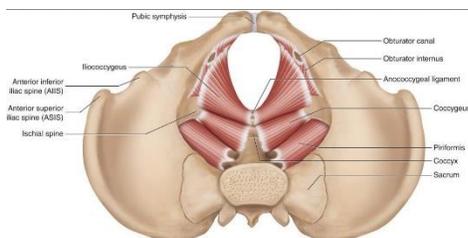
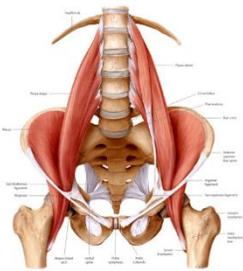
Daily, Early Labor, Active Labor



pixtastock.com - 27354158

Deep Breathing

Breathing in through our nose gets the oxygen molecules into our bloodstream faster than if we breathe through our mouth, giving us the birth *high* we need to cope through those stronger, longer contractions. Breathing out through our mouths gives us the relaxed control we need to let go of the pain or fear associated with the contractions. Soft lips, soft tongue, relaxed jaw and shoulders, and letting out the low sounds of “Ohm” or “Ohhh” will help us find rhythm and relaxation. We will invite the breath and the contraction in, and baby down and out. Breathing low, where we want the baby to go. What happens with our face and shoulders, will surely happen with our cervix and bottom. Keep it loose and relaxed!



Balance, Movement, & Gravity

Balancing the body (ligaments, muscles, joints, and tissues) will allow the baby more space prior to and during labor that could otherwise stall progress. Ex: lengthening the pelvic floor, versus strengthening it, will give the baby more room to come down through it in the correct position versus being too far forward (anterior) or backward (posterior). Lengthening can also help with any twisted ligaments that could also stall labor due to disallowing baby access to turn and descend.

Movement throughout pregnancy and labor will counteract a sedentary lifestyle that has stalled progress. We cannot (or should not) run a marathon without stretching, so we should not go into labor without exercising the specific muscles and tissue used in birthing. The more we move, the more the baby can move and the sooner we will meet them!

Don't fight gravity, but rather, help it work effectively. The more we are vertical, the easier time the baby will have descending.



Extended Mountain Pose and Wall Stretch

Gives baby lots of room to rotate into a more ideal birthing position and it feels good too! Swaying hips left and right or stretching arms to the left and right can help baby navigate.



Open Knee Chest & Open the Brim (Walchers)

<https://www.spinningbabies.com/pregnancy-birth/techniques/other-techniques/open-knee-chest-start-over/>

<https://www.spinningbabies.com/pregnancy-birth/techniques/other-techniques/walchers-open-the-brim/>

To be done if baby is still high, and birthing person believes they are in labor, to assist in opening the inlet of the pelvis to allow baby to become engaged.

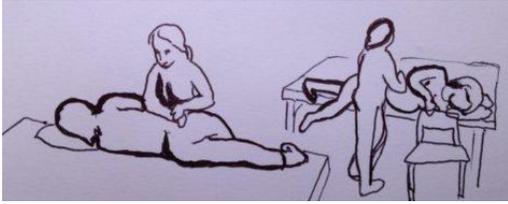


Forward Leaning Inversion

<https://www.spinningbabies.com/pregnancy-birth/techniques/forward-leaning-inversion/>

To be done only with support and supervision of doula, nurse or provider, or by their suggestion with support of birthing person's partner.

To "reset" baby by allowing them to come up and out of a malposition, likely if labor has stalled.



Side Lying Release

<https://www.spinningbabies.com/pregnancy-birth/techniques/side-lying-release/>



The pregnant person chooses which side she feels more comfortable with first, but be sure to do this on BOTH sides so the pelvic floor is more even. This is very important! Begin on your side of choice. Make sure your head is level on a pillow, *not tilted*. Your neck should be straight as well. The helper should stand in front of them, with their leg or hip firmly against the edge to keep the pregnant person from tipping off. Holding a chair or table near the edge of the couch, the pregnant person scoots their hip right up to 2 inches from the edge. A 3rd-trimester pregnant belly will extend beyond the edge. The helper curves both palms around the edge of the pregnant person's hip (front and top). The helper must prevent the pregnant person's hip from leaning forward after their leg hangs. Slightly rock the hips to help relax the muscles. This is so slight, as if to put a tiny baby to sleep. The pregnant person then straightens their lower leg, but the helper must not pull the leg straight. Toes should be up (flexed) toward their knee. When the helper is steady and in place (but not before), the pregnant person slightly lifts their leg up and over their thigh and then lets it slowly hang down in front of her. Wait 2-3 minutes or until the leg hangs slightly lower. Do both sides so you don't make the pelvis unstable. The pregnant person should then get up and walk around the room in each direction, or down and back in a straight line, depending on the space available.



Love yourself and/or your partner

If you start to worry that there are too many people in the labor room, or that there is too much pressure to progress, or that you feel unsafe in any way, I suggest asking everyone to leave and pour some love on yourself or your partner. "Get Kissy" as I like to say. Because just as foreplay will help prepare your body for intercourse, it can also help things loosen and relax for childbirth. As above, so below. Relaxed lips, soft tongue, equals relaxed muscles and soft cervix.

Please note that some positions may be counterproductive, and it is best to go with the advice of your doula or provider. Some positions may be uncomfortable as they allow progress, but no position should cause pain. I am a trained and certified physiological birth expert and will not direct you to positions that could harm you or your baby. Remember that these positions are meant to aid in the birthing persons comfort and birthing efficiency, and do not guarantee an unmedicated and/or vaginal birth.