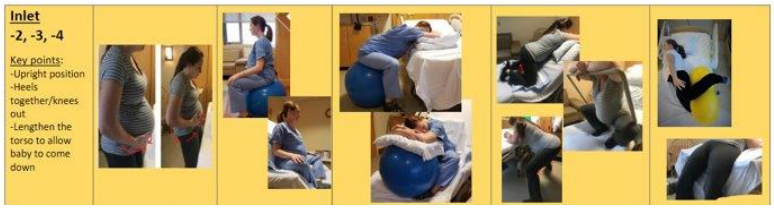
Physiologic Positions: Inlet (-2, -3, -4)



- The goal of inlet positions is to promote the passenger to enter the pelvis- For most patients this will happen prior to the 2nd stage of labor.
- It is important to communicate with the healthcare team if the fetus is not moving past the inlet position with labor progress.
- The inlet is usually wider side-to-side- babies will often enter this part of the pelvis in an OT position

Key points with Inlet work:

- ***Knees apart/ankles together with lots of movement and upright positioning.***

Abdominal Tuck & Lift/Posterior Pelvic Tilt

Abdominal Tuck & Lift

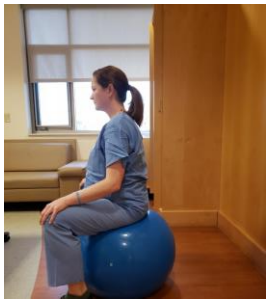
- Effective for engaging baby
- Utilize during contraction
- Lift abdomen two inches when contraction starts
- Bring abdomen towards spine by one or two inches
- At the same time, flatten your lower back. Knees should be slightly bent. Bending the knees slightly helps with posterior pelvic tilt
- Hold abdomen up through contraction
- When ctx ends, lean forward slightly and let go of abdomen.
- Repeat for ten ctx, resting between ctx

Posterior Pelvic Tilt

- "Cat" enlarges the inlet by rotating the top of the sacral bone "out"- demo on pelvis for visual

Birthing Balls/Sitting Upright

- Keep hips at or above knees
- Select the correct size ball for patient's height
- Benefits to Birthing Ball include
  - Upright position, promotes relaxation and rest, allows for C-EFM
- Patients can sit in rocking chair, birthing ball, bed, toilet, and shower
- Sitting backwards on a chair/bed/birthing ball/toilet allows for rest, takes pressure off the back and makes the back available to the partner to rub or massage.
- Sitting on the toilet helps relax the perineum



Inlet
-2, -3, -4

Key points:
-Upright position
-Heels together/knees out
-Lengthen the torso to allow baby to come down

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Tailor Sitting on the Throne

- This position allows the patient to continue the principles of inlet work while in bed: knees apart/ankles together, upright, and rocking.
- This position can be used in patients with an epidural. Use cautiously and not for extended periods of time to assure the epidural block continues to function per the patient's needs.

Inlet
-2, -3, -4

Key points:
-Upright position
-Heels together/knees out
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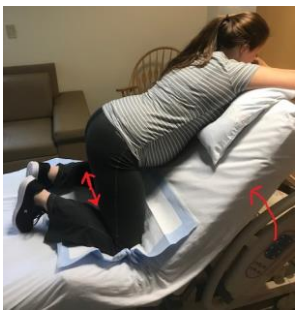
External Rotation Resting on Bed/Ball

- Knees apart/ankles together, upright, and allows for movement as well as rest.
- This position can be used in patients with an epidural. Use cautiously and not for extended periods of time to assure the epidural block continues to function per the patient's needs



Inlet
-2, -3, -4

Key points:
-Upright position
-Heels together/knees out
-Lengthen the torso to allow baby to come down

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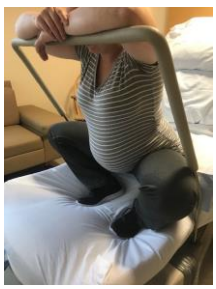
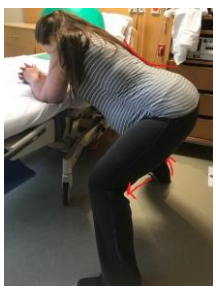
Modified Dangle/Standing w/ External Rotation

- Knees apart/ankles together.
- Good option for epidural patient with good motor function as a "standing" alternative
- Use cautiously and not for extended periods of time to assure the epidural block continues to function
- Standing with external rotation provides opportunity for the support person or RN to provide back massage or counter pressure





Inlet
-2, -3, -4

Key points:
-Upright position
-Heels together/knees out
-Lengthen the torso to allow baby to come down

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Tub Positions

Modified Lunge in Tub
- Prolonged leg extension or positioning can inhibit fetal descent or rotation.
- The labor stool is used to facilitate knees apart/ankles together and pelvic tilt while submerged.

Tailor Sitting & External Rotation/Forward Leaning
- Knees apart, upright, and allows for movement as well as rest.
- Feet are supported

Inlet
-2, -3, -4

Key points:
-Upright position
-Heels together/knees out
-Lengthen the torso to allow baby to come down

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Key points:
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Flying Cowgirl & Side Lying w/ External Rotation Using Peanut Ball

Flying Cowgirl

- This position is less about opening the inlet and more about positioning the baby. By tilting the pelvis back, the baby has room to come “down”
- Opens the top of the pelvis by moving the pubic bone away from the spine and opening the inlet-
- Use during 6 contractions than switch to the other side.
- Back is arched, knees wide apart and far back as possible, soles of the feet together but do not touch. The back is arched and the pelvis is forward.
- This positions opens the front-to-back distance at the top of the pelvis so baby can rotate and/or drop into the pelvis.

Side Lying w/ External Rotation Using Peanut Ball

- Knees apart/ankles together and allows for rest

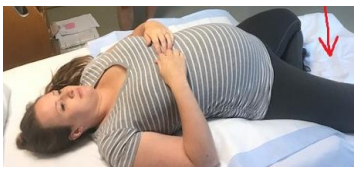
www.spinningbabies.com/pregnancy-birth/techniques/other-techniques/flying-cowgirl/

Inlet
-2, -3, -4

Key points:
-Upright position
-Heels together/knees out
-Lengthen the torso to allow baby to come down

Walchers/Froggy Walchers

- If flying cowgirl is not an option or the patient cannot hold that position, consider Walchers or Froggy Walchers
- "This is a technique when labor contractions are close and strong but baby is high and not yet in the pelvis". The baby may be “stuck” at the inlet of the pelvis. Contractions make this position work so the patient must hold this through UCs.
- Move laboring patient to the edge of the bed and let their legs dangle freely. The weight of their legs pulls the symphysis pubis far from the spine. The wide arch opens the anterior/posterior diameter to let the baby's head enter the pelvis.
- The pubic bone needs to be the highest bone in the body. It can provide 3cm more space. If a high bed is not available-use a roll behind the patients back to elevate the pubic bone. This position is maintained through 3 contractions. Contractions make it work. The patients is laying on their inferior vena cava. Monitor the fetus’ response to this position.
- The Froggy Walchers is an adaptation of Walchers position which can be used if mobility is challenged or contraindicated due to epidurals or high BMI



www.spinningbabies.com/techniques/other-techniques/walchers-open-the-brim

Inlet
-2, -3, -4

Key points:
-Upright position
-Heels together/knees out
-Lengthen the torso to allow baby to come down

But my Patient has an Epidural

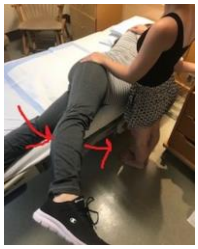
- For patients who are in bed (epidural) and the fetus is at the inlet or mid-pelvis, there are a multitude of positions (other than right and left) to facilitate labor progress and descent
- We like to refer to this as **Bed Gymnastics!**

Physiologic Positions: Mid-Pelvis (-1, 0, +1)

- The purpose of mid-pelvis positions is to maintain either a neutral pelvic position or alternate between inlet/outlet positions to “wiggle” baby through this narrow part of the passageway.
- You will see both inlet and outlet positions in this section as well as some new positions to facilitate fetal descent (knees together and knees apart)
- Move the Patient = Move the Baby
- The mid pelvis in a gynecoid pelvis is wider from front to back. Babies will often rotate to an OA or OP position in this part of the pelvis

Pelvic Floor Release

- The pelvic floor release is to stretch the ligaments that support the mid pelvis. This stretch makes room for the baby by creating longer/softer pelvic floor muscles and aligning the uterus with the pelvis making room for baby to move through.
- Position the patient to face you on the edge of the bed. Lift the upper leg straight up and extend forward- keeping the hips straight up and down stacked on top of each other.
- Allow the top leg to drop and hang off the edge of the bed. Be sure to keep the hips aligned and provide counter pressure on the hip to prevent falling.
- Hold the hip for up to three contractions on one side and repeat 3 contractions on the other.



Mid
-1, 0, +1
Key points:
-expand the narrow ischial spine space by narrowing the top of the pelvis
- Heels out/ Knees together

Lunges

- Lunging is an activity that can open the pelvis and offer more room for baby to move down.
- Lunging involves stabilizing front foot and leaning into the lunge during a contraction.
- May alleviate lower back pain.

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Mid
-1, 0, +1
Key points:
-expand the narrow ischial spine space by narrowing the top of the pelvis
- Heels out/ Knees together

Running Man/Side Lying w/ Stirrups/Peanut Ball

Running Man

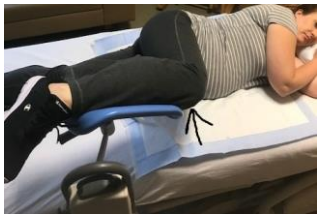
- This facilitates the lunge position for patients using epidural anesthesia.
- Key points with the Running Man- the patient is very far over on their stomach with lower arm behind
- Chest is toward mattress

Side Lying w Stirrups (knees apart)

- Mid-pelvis involves alternating between inlet work (knees apart) and outlet work (knees together

Side Lying w/ Peanut Ball (knees together)

- Mid-pelvis involves alternating between inlet work (knees apart) and outlet work (knees together



Mid
-1, 0, +1
Key points:
-expand the narrow ischial spine space by narrowing the top of the pelvis
- Heels out/ Knees together

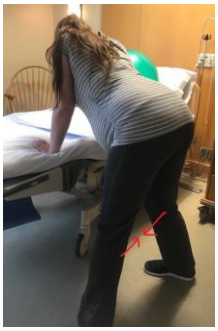
Internal Rotation

Standing with Internal Rotation

- Standing encourages movement to activate stretch sensors
- Rocking hips is key
- Allows partner to apply counter pressure/hip squeeze

Internal Rotation with Peanut Ball

- Knees together opens outlet



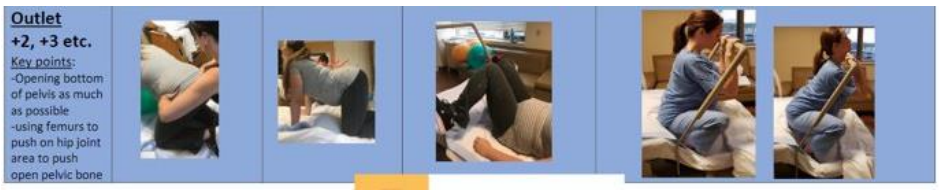
Mid
-1, 0, +1
Key points:
-expand the narrow ischial spine space by narrowing the top of the pelvis
- Heels out/ Knees together

Pelvic Press

- Consider if baby is posterior in the mid-pelvis and can't descend or rotate.
- This press is an "up and together" movement
- Place hands lower and toward the middle and aim for the joint where the sacral bone meets the pelvic bones. Press together and push up- this causes the pelvic bones to flare out
- This should be done during contractions- in addition to helping facilitate fetal movement, it can help relieve back discomfort.
- This is not the Double Hip Squeeze where the iliac crest is squeezed to open the outlet. That happens with outlet work. The press is lower

Mid
-1, 0, +1
Key points:
-expand the narrow ischial spine space by narrowing the top of the pelvis
- Heels out/ Knees together

Physiologic Positions: Outlet (+2, +3 etc.)



- The baby continues to descend through the mid pelvis and will extend through the pubic arch. In a gynecoid pelvis, the pubic arch is wide enough for baby to complete extension.
- In addition to the patient's pushing efforts, gravity and positioning will assist with rotation and descent

Key points with Outlet work:

- ***Knees together/ankles apart with lots of movement and upright positioning.***

How does the patient position change the pelvic outlet?

Squatting

- The sacrum is free and moves back to widen the pelvic outlet

Semi-sitting

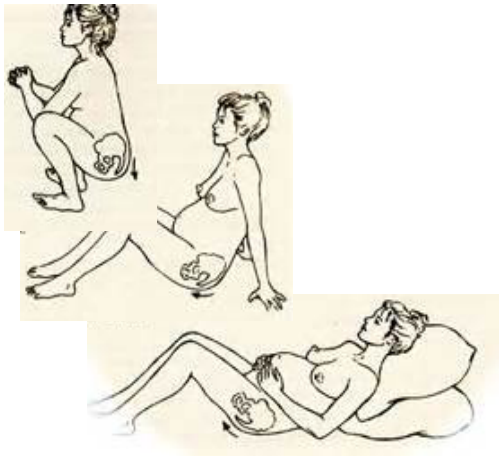
- The patient's weight rests on the coccyx and the pubic capacity is reduced

Semi-reclining

- The sacrum is immobile and pelvic outlet narrows

Why is this a Big Deal?

- Humans are the only mammals who give birth on their back
- The United States is one of the only developed countries where it is routine for people to give birth on their back



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Double Hip Squeeze

- Feeling the top of the iliac crest on each side- place fingertips around the iliac crest on both sides and press inwards and lift up
- Pressure on the iliac crest closes the top of the pelvis (the inlet) and expands the opening (the outlet)
- FIRM pressure is required to open the outlet

Outlet

+2, +3 etc.

Key points:
-Opening bottom of pelvis as much as possible
-using femurs to push on hip joint area to push open pelvic bone

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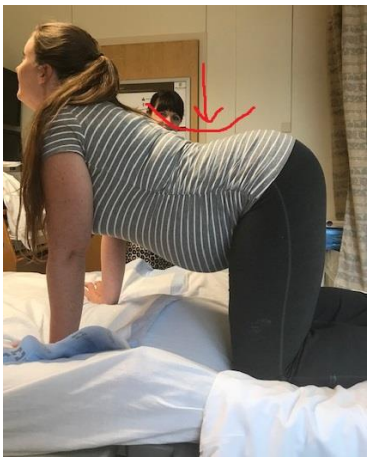
Pushing with Anterior Pelvic Tilt

- The “Cow” position enlarges the outlet by expanding the bottom of the sacrum “up” to allow for a larger outlet.
- Hands and knee positions create a “hammock” environment. Babies like to be on their back in the “hammock”. By putting a patient in this position and doing Cat/Cow, the baby is encouraged to naturally turn to an OA position.
- A helpful position if there is a cervical lip. Can help break the intensity of contractions. If the baby is posterior, or the patient is experiencing back pain this position can help reduce back labor.



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Outlet
+2, +3 etc.
Key points:
-Opening bottom of pelvis as much as possible
-using femurs to push on hip joint area to push open pelvic bone

Pushing w/ Internal Rotation Using the Squat Bar

- Pushing with knees together/ankles apart
- Remember, ankles = outlet
- Pushing with knees on the squat bar means no holding of legs!

Outlet
+2, +3 etc.
Key points:
-Opening bottom of pelvis as much as possible
-using femurs to push on hip joint area to push open pelvic bone

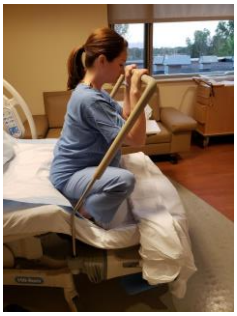
Squatting Bar without and with Pelvic Tilt

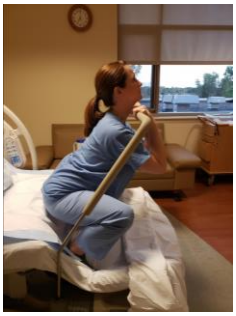
Squatting Bar

- Squatting with flat feet and an anterior pelvic tilt can add 2-3cm to the pelvic outlet
- Utilize when baby is engaged in the pelvis (0 station)
- Encourages fetal descent

Squatting Bar with Pelvic Tilt

- Same as “Cow” position but sitting and supported
- Great for epidural patients with motor control





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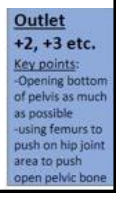

3 Simple Take-aways

- Position the patient based on the fetal station and position
  - Move the Patient = Move the Baby
- Knees apart = opens pelvic inlet
  - Baby enters pelvis and begins descent
- Knees together = opens pelvic outlet
  - Allows continued rotation and descent