

Module 7: Hands-on Support in Labor

Facilitator Note: This is an interactive session, using a labor bed, yoga mats, peanut balls, bolsters, stools, sheets (or Rebozo), birth stools/CUB

- Work in teams
- Present scenarios throughout
- Model positions and discuss risks/benefits/contraindications

Hands-on “stations” to practice specific skills in smaller groups (depending on 1 or more labor beds)

- Review [AWHONN Position Statement: “Continuous Labor Support”](#) (2018)
- [IL PQC Resource](#)

Station One: Physiologic Labor & Pre/No Epidural Support (30 min)

Goal: Enhance fetal positioning and labor progress before or without epidural use.

1. Three Balances (“3 Sisters”) (10 min)

♦ When to Use:

- **If the baby is high (-3 to -1 station) and labor is slow to start.**
- When contractions are irregular, painful, or inefficient (prodromal labor).
- **If the patient has a history of pelvic pain, hypertonic pelvic floor, or an uneven pelvis.**
- When labor stalls at **4-6 cm dilation** due to an imbalanced pelvis or asynclitic baby.

♦ Techniques:

- **The Jiggle** – Loosens pelvic muscles and sacrum tension for better fetal engagement.
 - Technique:
 - Move hand gently and steadily, mild grip on butt/thigh/hips
 - Do for several minutes then find a new spot
- **Forward-Leaning Inversion** – Encourages baby to reposition from OP or asynclitism.
 - When to use:

- Can be used for labor stalls
 - Creates room in the lower uterus, helps untwist the uterosacral ligaments and align them
 - Technique:
 - Kneel on the edge of the couch (or stairs), take your time and breath, carefully lower yourself onto your hands on the floor and then your forearms
 - Let your head hang freely but keep chin tucked, keep your bottom high and can sway your hips
 - Take three breaths in this position, lift yourself up to a high kneeling position again and take three more breaths
 - Swing your feet out from under you in a mermaid like position
 - Contraindications:
 - Medical contraindications for going upside down, high blood pressure, stroke seizures, glaucoma, hypertension
 - Suspected or known problem with the placenta, including bleeding
 - Amniotic fluid level are unusually large and doctors are continuously measuring
 - **Side-Lying Release** – Creates space in the pelvic floor, encouraging descent.
 - When to Use:
 - If labor has stalled at 6-8 cm and the baby needs more space to descend.
 - If the patient has pelvic asymmetry or a hypertonic pelvic floor.
 - If the baby is OP/OT and not rotating with other techniques.
 - Technique:
 - Leg hangs freely for **3 contractions per side.**
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2. Rebozo Techniques (5 min)

- ◆ When to Use:
 - **Early or active labor** if contractions are not well-coordinated.
 - When the patient feels **tense, stressed, or holds tension in their abdomen/pelvis.**
 - If the baby is **not well-applied to the cervix**, causing slow progress.
- ◆ Techniques:

- **Rebozo Sifting/Jiggle** – Helps baby settle deeper into the pelvis.
 - **Contraindications:** Placental concerns, unstable pregnancy, or patient discomfort.
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3. Movement & Positioning Strategies (10 min)

♦ Asymmetric Lunge

- When to Use:
 - If dilation stalls at **6-8 cm** due to an OP/OT baby.
 - Helps **increase pelvic asymmetry** to allow the baby to rotate.
 - Encouraged for **patients with an epidural (using a peanut ball)**.

♦ Hip Dips & Curb Walking

- When to Use:
 - If **contractions are spaced out** or **not strong enough** to encourage descent.
 - **Ideal for early labor** to create movement in the pelvis.
 - Can be used in **active labor at home** before hospital admission.

♦ Abdominal Lift & Tuck

- When to Use:
 - If the baby is **not engaged in the pelvis despite strong contractions**.
 - **When labor slows down around 4-6 cm dilation** due to poor engagement.
 - Helps alleviate **posterior baby discomfort** and strengthens contractions.
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5. Practice with Labor Bingo & Scenarios (5 min)

- Team-based review of **real labor scenarios** and how to apply techniques.
 - [Comfort Technique in Latent Labor Scenario](#)
 - [Comfort Techniques in Active Labor Scenario](#)
 - [SOAR Labor BINGO Card](#)
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Station 2: Epidural Support & Laboring Down (30 min)

Goal: Maintain optimal positioning and promote descent with an epidural.

1. Peanut Ball Positioning (10 min)

◆ When to Use:

- If a patient has an epidural and needs to maintain pelvic mobility.
- If the baby is OP or OT, using a wide-leg side-lying position can assist rotation.
- If cervical dilation is slow at 4-6 cm, positioning with a peanut ball can create space.
- If the baby needs to descend but the patient is too exhausted to stand.

◆ Sizing Guide:

- 45 cm – For patients under 5'3" (160 cm).
 - 50 cm – Most common size, for patients 5'3"–5'7" (160–170 cm).
 - 60 cm – For patients 5'8"+ (174 cm+) or plus-size individuals.
 - 70 cm – ONLY for straddling, not for side-lying use.
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2. Laboring Down Techniques (10 min)

◆ Exaggerated SIMS Position

- When to Use:
 - If the patient has an epidural but the baby is still high (-2 to 0 station).
 - Helps baby engage and rotate before active pushing.
 - Allows the patient to rest while promoting optimal fetal positioning.

◆ Side-Lying with Foot Pedals (Labor Bed Positioning)

- When to Use:
 - If the baby needs more room to rotate but the patient is unable to stand.
 - At +1 to +2 station when the baby is close but not quite engaged in the birth canal.
 - Works well for patients with an epidural who need a hands-free support option.
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3. Active Pushing Positions with Epidural (10 min)

♦ Supported Hands & Knees in Bed

- When to Use:
 - If the baby is persistently OP at full dilation and slow to descend.
 - If pushing is ineffective due to poor fetal positioning.
 - Works well for epidural patients with adjustable labor beds.

♦ Squat Bar & Throne Position

- When to Use:
 - If the baby is at +2 station but not fully engaged in the birth canal.
 - If pushing is ineffective but the patient can tolerate upright positions.
 - Allows for gravity-assisted descent without requiring patient mobility.

4. Practical Application & Case-Based Scenarios

- **Participants will work in teams to apply techniques to real-life labor scenarios.**
 - Slow descent with a heavy epidural
 - OP presentation stuck at 8 cm
 - Baby remains -1 to -2 station
 - OT position at 5cm

Station 3: Malpositioned Babies & Pushing Strategies (30 min)

Goal: Facilitate rotation and descent of OP/OT (occiput posterior/occiput transverse) babies and optimize pushing positions for safe vaginal birth.

1. Miles Circuit (5 min)

- ♦ When to Use:
 - Baby is persistently **OP (sunny-side up)** or **OT (sideways)**, which can cause **back labor, slow dilation, and prolonged pushing.**

- Labor is slow or stalled at **0 to +1 station** without cervical change.
- Encouraged for patients with **irregular contractions or prodromal labor** to encourage optimal fetal positioning.
- Contraindications: Early in pregnancy (before 37 weeks), high blood pressure or some other high-risk diagnosis

◆ Technique:

- 3 Positions, held for **20-30 minutes each**:
 - **Open-Knee Chest (Child's Pose)** – Encourages baby to disengage and reposition.
 - **Exaggerated Side-Lying** – Helps baby rotate from OP to OA (optimal position).
 - **Asymmetrical Lunges (Captain Morgan on Both Sides or Curb Walking)** – Opens pelvic inlet to allow rotation.

2. Advanced Positioning Techniques (10 min)

◆ **Walcher's Maneuver & Variations** (Froggy Walcher's, Flying Cowgirl)

- When to Use:
 - When the baby is **high (-3 to -1 station) and not descending**.
 - Helpful for **engaging a large baby in the pelvis** when inlet space is a concern.
 - Used in **active labor** when contractions are strong but **there is no progress past 6 cm**.
- Techniques:
 - **Hold walchers for 3 contractions** and let provider know about using this position, feet should not touch the floor because you want body to hang down, rapid descent is typical in this position, this is not very comfortable so if the individual is not confined to the bed maybe try something kinder
 - **Hold Froggy Walchers for 3-6 contractions**, put feet into a diamond shape at edge of bed, can use this when the patient has a high BMI or a dense epidural
 - Flying cowgirl: top arm needs to go back as well, **4-6 contractions on each side**
- Contraindications: Do not use if baby is not stuck on the pelvic brim or if baby is already engaged in pelvis

◆ **Psoas Release/Tailor Sitting**

- When to Use:
 - Patient is **tense or holding the pelvic floor tight**, limiting fetal descent.
 - Helpful for patients with a **history of pelvic pain, hypertonic pelvic floor, or anxiety** in labor.
 - May be useful for **asymmetrical babies (head tilted to one side)**.
 - Technique:
 - Hold for 5 min at a time
 - Calves should be at a 90 degree angle to your thighs, have your thighs straight up and down and your calves horizontal
 - Contraindications:
 - If you cannot be on your back for any reason
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3. Non-Traditional Pushing Positions (10 min)

◆ Hands & Knees Pushing

- When to Use:
 - If the baby is OP or slow to descend at **+1 to +2 station**.
 - Helps **relieve back labor** by allowing gravity to assist rotation.
 - **Patients with epidurals** can use a supported hands-and-knee position in bed.

◆ Asymmetrical Lunge Pushing

- When to Use:
 - If **one side of the pelvis needs more opening** to accommodate rotation.
 - **If the baby's head is acynclitic (tilted sideways)**, creating a stall at 8-9 cm dilation.
 - Encourages movement between contractions to optimize engagement.

◆ Closed Knee Pushing Position

- When to Use:
 - If the baby is already **deep in the pelvis (+2 to +3 station)**, but pushing is ineffective.
 - Works **especially well for patients with epidurals** to provide counterpressure.
 - Helps **rotate the baby's head** in cases of transverse arrest or slow crowning.

◆ Tug-of-War Pushing

- When to Use:
 - **When the patient is tired** but needs extra engagement in second-stage labor.
 - Helpful when **pushing efforts are weak or inconsistent**.
 - Can **increase bearing-down power** without excessive breath-holding (open glottis pushing).
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4. Labor Bed Optimization & Upright Techniques (5 min)

- When to Use:
 - When **mobility is limited (due to epidural or fatigue)** but **gravity-assisted positions** are still beneficial.
 - **Can help with back pain** and gravity can bring the baby down + out
 - **Side-Lying with Foot Pedals** helps open the pelvis while maintaining rest.
 - **Throne Position with a Birthing Ball** promotes **upright fetal descent** without requiring standing.
- Techniques:
 - Standing, squatting, or kneeling
 - Can include physical support from a partner
 - Using a birth seat including the toilet or a CUB stool
 - Lithotomy position