

Moving our Mamas Labor Support Program

Tip Sheet

This tip sheet is intended to assist and guide the instructor teaching the labor support course. The first section is the verbiage to go along with the video. The second session offers other suggestions to have your team practice during the course if you wish.

SECTION 1 (Video) (Script information included below):

- **Suggested Equipment:**
Moveable pelvis, peanut balls, birth balls, sheets (Rebozo), yoga mat/blanket, samples of aroma therapy, video

Part 1 – Anatomy of Pelvis and Using Birth Ball in Early Labor

- *The pelvis has four mobile joints: the pubic symphysis, the two sacroiliac joints, and the joint between the sacrum and the coccyx. It is important to note that due to the flexibility of these joints, we are able to help a laboring woman change the pelvic diameter with position changes in the thigh, spine, or both. The mobility of the pelvis depends on muscle, fascia, and ligaments.*
- **Suggested action:** Demonstrate pelvic movements and allow staff to maneuver the pelvis.
- *Assist the patient to sit on the ball safely, as their center of gravity may be unstable. **The correct size ball should allow her hips to be even with her knees or a little higher.***
 - ❖ *5 ft 8 or less - use a 65 cm ball*
 - ❖ *5 ft 9 or taller - use a 75cm ball*
 - ❖ *Provide a barrier between the ball and the patient before use*
 - ❖ *After use of the birthing ball, use a hospital approved disinfectant*

Suggestion actions: Practice techniques with the birth ball (Script information included)

- Ball bounce
 - *Using this technique will help your patient find their rhythm while gravity assists the baby to descend. This also helps to decompress the spine and relieve low back pain.*
- Ball circles
 - *Circling the hips will help to create space in the pelvis, allowing the baby to settle in. This motion also helps to apply more pressure to the cervix, which will make contractions more effective. You can get creative with this and*

have her try ball circles in a figure 8. All these motions are helping to lengthen ligaments, maintain flexibility, and create space for the baby.

- Side lunges
 - *These movements help change the shape of the pelvis and create more space for the baby. Be sure to alternate sides.*
- Pelvic tilt
 - *The pelvic tilt is an important position to teach particularly if the patient has a desk job that requires sitting, or she leans back in a recliner to rest often.*
 - *Relieves lower back discomfort and tones abdominal muscles*
- Sitting at side of bed
 - *Another great position for rest is to raise the bed to a height that will allow her to lean forward while sitting on the ball. Provide pillows to enhance comfort.*
- Forward leaning over the ball in bed
 - *Patient is now on her hands and knees in a slight child's pose with her legs wide while leaning forward. This is a great position to help facilitate rest. Katelyn places a barrier on the ball and assists the patient to lean on it, making the patient more comfortable by padding her knees with pillows. In this position, note how the nurse demonstrates gentle strokes, gently squeezing her hips, or adding counter pressure if she is feeling back discomfort. This position can be utilized when the patient has an epidural, however, use caution and assess her ability to bear weight on her legs.*

Part 2 – Peanut Ball Techniques

The peanut ball may be an effective intervention to reduce the incidence of cesarean birth and shortens labor and helps keep the pelvis open. For women who are using epidural analgesia, the peanut ball maximizes opportunities for position changes when they would otherwise be limited. It is important to know how tall your patient is when choosing the right size peanut ball.

- i. *40cm = Recommended for women who are under 5'3"*
- ii. *50cm – Recommended for women who are 5'3" to 5'6" (Most common size)*
- iii. *60cm-Recommended for women who are 5'7" or taller or obese women*
- iv. *70cm-ONLY to sit on and straddle*

Suggested actions: Practice techniques with peanut ball. (Script information included)

- Side lying
 - *Place the peanut ball between her legs keeping the bottom leg bent. Additional support can be provided with pillows. As a reminder, provide a barrier around the ball and ensure use of the correct size ball. This is a great position to help facilitate fetal descent or assist with rotation.*
- Tuck

- *The tuck position can be used while pushing as well, and is great to use with an epidural, because it mimics the action of squatting.*
- Hands and Knees
 - *This is a great position especially if she is having back discomfort due to malposition of the baby. This position offers the opportunity to provide additional support with massage, squeezes, or simply gentle strokes on the back.*
- Fire hydrant
 - *The Fire Hydrant position is helpful for opening up the side of the pelvis and gives baby room for engagement. This is also a helpful position if the baby is noted to be in a right or left occiput position. If the baby is right occiput posterior, elevate the right leg. If the baby is left occiput posterior, lift the left leg to encourage fetal rotation for optimal position.*
- Semi Seated lunge
 - *The semi seated lunge position creates more space in her hips and creates opportunities for fetal rotation. Alternating sides will promote maternal comfort and help promote progress in labor.*
- Straddling
 - *Straddling the peanut ball is a soft, comfortable position for the laboring patient, while creating space for the baby to descend. While providing her with a sheet for stability, be sure to stay close by to ensure safety.*

Part 3 - Resolving fetal malposition

Resolving fetal malposition can be a real challenge, especially when the patient is exhausted and is losing focus. This is where the labor and delivery nurse gets to bring your expertise to the bedside.

Suggested action: Practice techniques for resolving fetal malposition (Script information included)

- Shake the apple
 - *If your patient has a swollen cervix or a cervical lip, the knee chest position, while using a sheet to jiggle the patient's bottom, can help relieve pressure on the cervix. This can also be beneficial to resolve an asynclitic presentation.*
- Side lying release
 - *This position is useful when the baby is breech, malpositioned, or if labor stalls and is often associated with pelvic imbalance. It helps to soften the pelvic floor, allowing the pelvis to change shape. Assist with a side lying position, with the hips and shoulders stacked. The top leg should hang over the bed and needs to be relaxed. The bottom leg should be straight, with the toes flexed. As the pelvic floor relaxes, you will notice that the*

toes begin to relax. Encourage the mother to remain in this position for 15 minutes, and then change sides.

- Flying cowgirl
 - *The flying cowgirl position is helpful for the baby who is still at a high station. The focus here is on inlet opening. Place the peanut ball between the knees, keeping the ankles together. Have her push the hips forward until they lock out. Having the knees wide apart causes external rotation of the femur and the posterior pelvic tilt is achieved by fully extending the hips.*

- Walchers maneuver
 - *Walcher's maneuver is used in situations when the baby is in a high station with advanced dilation. This is a great position to use when there has been a stall in labor and is typically used as a last resort. To get your patient into the "Walcher's maneuver, have her lie on the end of the bed, with her feet dangling off the end. This helps to open the inlet pelvis so baby can tuck their chin and descend. Have her stay in this position for at least 3 contractions if she can tolerate it.*

Part 4 - Techniques for second stage of labor

When she is fully dilated, the baby is at a low station, and she is feeling pressure, it's time to start pushing. Staff often coach laboring mothers to curl around their baby during pushing. Instead of this, we want to encourage her to focus on outward movement of the sacrum, which can be accomplished by any position she finds comfortable during pushing.

Suggested actions: *Practice Pushing Techniques & Positions* (Script information included)

- Closed knee pushing
 - *Although it sounds counterintuitive, dropping the knees in slightly while pushing can be beneficial. When assisting with closed knee pushing, her knees do not need to be touching, just rotated inward slightly. This can be applied to in many different positions, even while in the stirrups*

- Tug of war
 - *The tug of war technique can be helpful particularly if the woman has an epidural and does not feel a strong urge to push. By changing the location of the fabric, we can assist her with directing pressure in the right area. **Please note we are using squatting bar for tug-of-war vs. RN pulling on sheet to protect staff from potential injury.***

- Squatting
 - *Squatting can open the pelvic outlet 1-2cm more. This is achieved by the posterior pelvic tilt that occurs naturally during a squat. Instead of*

coaching your patient to curl around the baby, it is better to emphasize outward movement of the sacrum.


Purpose: To stretch the pelvic floor, improve flexibility, prepare for pushing phase.


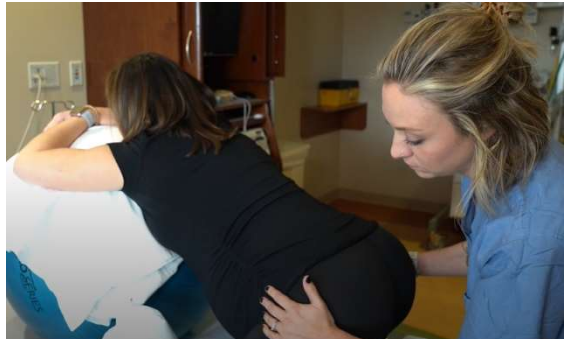

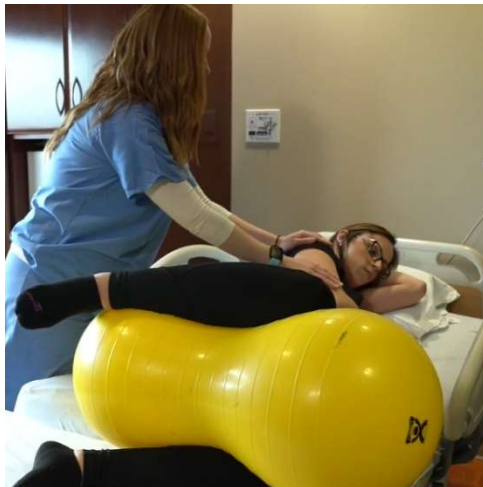
- Hands and knees
 - *We should encourage mothers to get into whatever position they are most comfortable with. If they choose getting on their hands and knees, it makes it easier to protect the perineum.*
- Side Lying
 - Gravity neutral - slows a very rapid delivery
 - Very good resting position
 - Can be used with fetal monitoring
 - Vaginal exams are possible in this position
 - May be helpful in avoiding episiotomy


SECTION 2:

Massage & Stroking Techniques

Massage and/or stroking helps your muscles relax. It can also help to relax the mind and concentrate on breathing. Massage can sometimes confuse your pain sensors so one doesn't feel the pain of the contraction so strongly. Touch can convey pain-reducing messages. Always try to incorporate a massage technique with childbirth positioning and tools, or by themselves.

<p><u>Effleurage</u></p> <ul style="list-style-type: none">● A massage technique that encourages relaxation, blood circulation and lymph flow.● Fingertip effleurage used in pregnancy and childbirth, is a light technique performed with the tips of the fingers in a circular pattern over one part of the body or in long strokes over the back or an extremity.	
<p><u>Stroking</u></p> <ul style="list-style-type: none">● Manipulation of soft tissues from distal to proximal in the direction of the lymph drainage (long strokes).● The pressure of stroking is selected at the commencement and is maintained throughout. It may be light, moderate or, deep stroking● Can be superficial or deep.	

<ul style="list-style-type: none"> • Location: Shoulder, Arms, Legs, Back, Neck, Abdomen 	
<p><u>Counter Pressure</u></p> <ul style="list-style-type: none"> • Counter-pressure consists of steady, strong force applied to one spot on the lower back during contractions using the heel of the hand, or pressure on the side of each hip using both hands. • Counter-pressure helps alleviate back pain during labor, especially in those women experiencing “back labor.” 	
<p><u>Hip Squeeze</u></p> <ul style="list-style-type: none"> • The hip squeeze pushes the pelvis back into a relaxed position, which both relieves the pressure of the stretch and causes the pelvis to flare out slightly, allowing the baby room to move around and down. 	
<p><u>Touch Relaxation</u></p> <ul style="list-style-type: none"> • A technique that can aid dramatically in developing relaxation. In touch relaxation, the mom responds to your partner’s touch by relaxing tense muscles toward your hand. • Location: Shoulder, Arms, Legs, Back, Neck, Abdomen 	
<p><u>Progressive Massage</u></p> <ul style="list-style-type: none"> • Muscle Relaxation (PMR) is an effective technique for reducing overall body tension as well as psychological stress. • The goal is to increase muscle relaxation • Move at a slower pace and use moderate pressure in a unilateral direction. • Location: Shoulder, Arms, Legs, Back, Neck 	

<p><u>Knee Press</u></p> <ul style="list-style-type: none"> • Use knee press with mother sitting in a chair with her back supported by pillows. Press just inferior to her knees and sustain this pressure for the contraction. • This position is especially useful to help alleviate back labor or help encourage the baby to change positions inside the uterus. • By relieving downward pressure, it may create room for your baby to rotate. 	
<p><u>Criss Cross Massage</u></p> <ul style="list-style-type: none"> • Massage technique to activate broadband nerve stimulation to bring relief to your laboring mom. • Position mom on hands and knees and can be incorporated in standing position. • Work your way up and back & apply pressure coming in on both sides as your hands move back and forth. • Moms love this technique! 	

Special Thanks to the Moving Our Mamas Team!

Cheryl Larry-Osman, DNP, MS, RN, CNM, CNS-C - clarryo1@hfhs.org

Trish Klassa, MSN, RN, CNS-C, IBCLC – pklassa1@hfhs.org

Kelly Frederick, BSN, RNC-OB - kelly.frederick@ascension.org

Mary Bransch BSN, RN

Simcha Schreiber BSN, RN

Katelyn Williams BSN, RN

Allison Tozier Hoffman, BSN, RN, CCRN