

Molly O'Brien, *RM BSc (hons)*

MOVING FOR AN EASIER BIRTH



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If you have health issues that may complicate your pregnancy and birth please check with your midwife or doctor before using exercises and techniques included in this course.

MOVING FOR AN EASIER BIRTH

The aim of these techniques and positions is to help make more space for your baby, to ease the journey through your pelvis by supporting and optimising your physiology.

The techniques have proved to be effective in helping labour to progress, especially if there has been a delay in progress, or difficulty giving birth (labour dystocia) sometimes, but not always, associated with the baby's position.

You can also use the techniques and positions to enhance the chance of a straightforward birth if you are planning or have accepted the offer of intervention, such as induction of labour.

Be guided by your comfort when using these positions; ***if a position causes pain, stop using it.***

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SIGNS TO LOOK OUT FOR

- Backache, pain above the pubic bone (often sharp).
- Pain and discomfort in hips or groin and sometimes radiates down thighs.
- Labour feels much more painful and difficult in the early stages.
- 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.
- Listen to your instincts, you may feel or sense that the baby is having difficulty passing through your pelvis. Sometimes women say 'it doesn't feel right' or 'it feels like baby is stuck'.

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.



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 when progress is slow and difficult, latent, first and second stage. 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.



SIDELYING RELEASE WITH AN EPIDURAL

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.

May cause discomfort if hypermobile.



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.

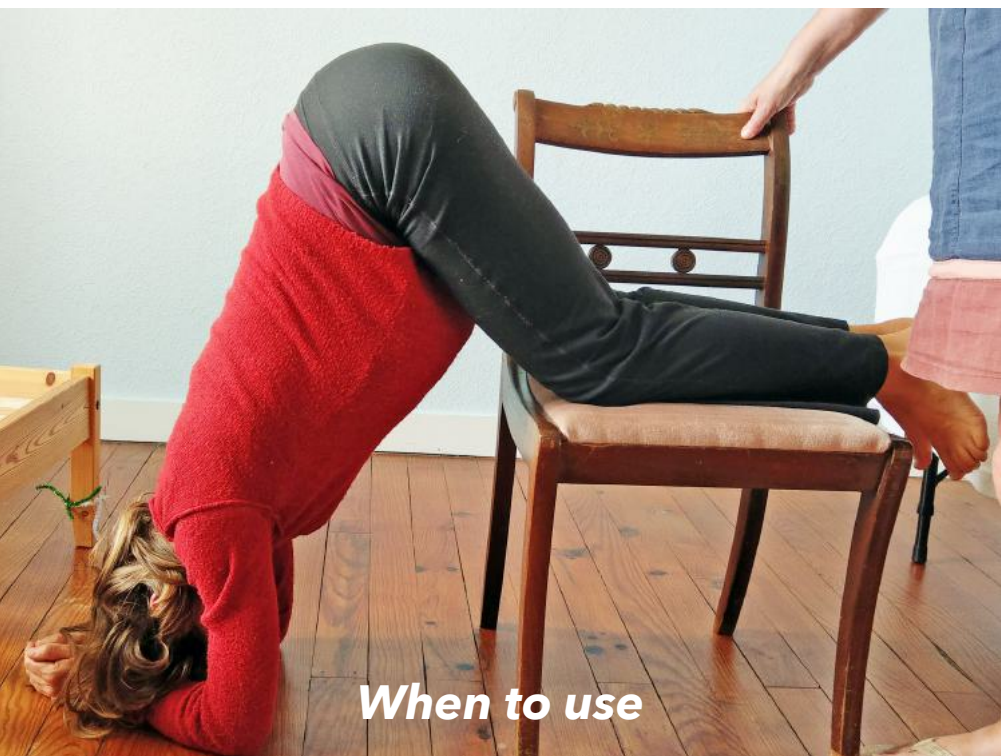
Then, rotate shoulders so they are parallel with the floor or bed.

Use position on both sides.

Rest for 30 mins between mobilising and using other positions.



FORWARD LEANING INVERSION PART 1



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.



FORWARD LEANING INVERSION PART 2

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.

If used for slow pushing stage, jiggle/shake buttocks/thighs with 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.



PSOAS RELEASE

Reclined Constructive Rest Pose (CRP)

When to use

Every day for 10 mins. Particularly beneficial if you have a sedentary job or lifestyle, or if you've had a difficult day!

CRP – Create a diagonal support. Sit with your bum directly in front of the bolster and lie back. Keep the knees bent and the feet flat on the mat, hip-width apart and approx 12-15 inches from hips. Begin to focus on your breath. Inhale into the side ribs to stretch the diaphragm. With every exhale, imagine the thigh bones getting heavier and sinking deeper into the hip sockets.

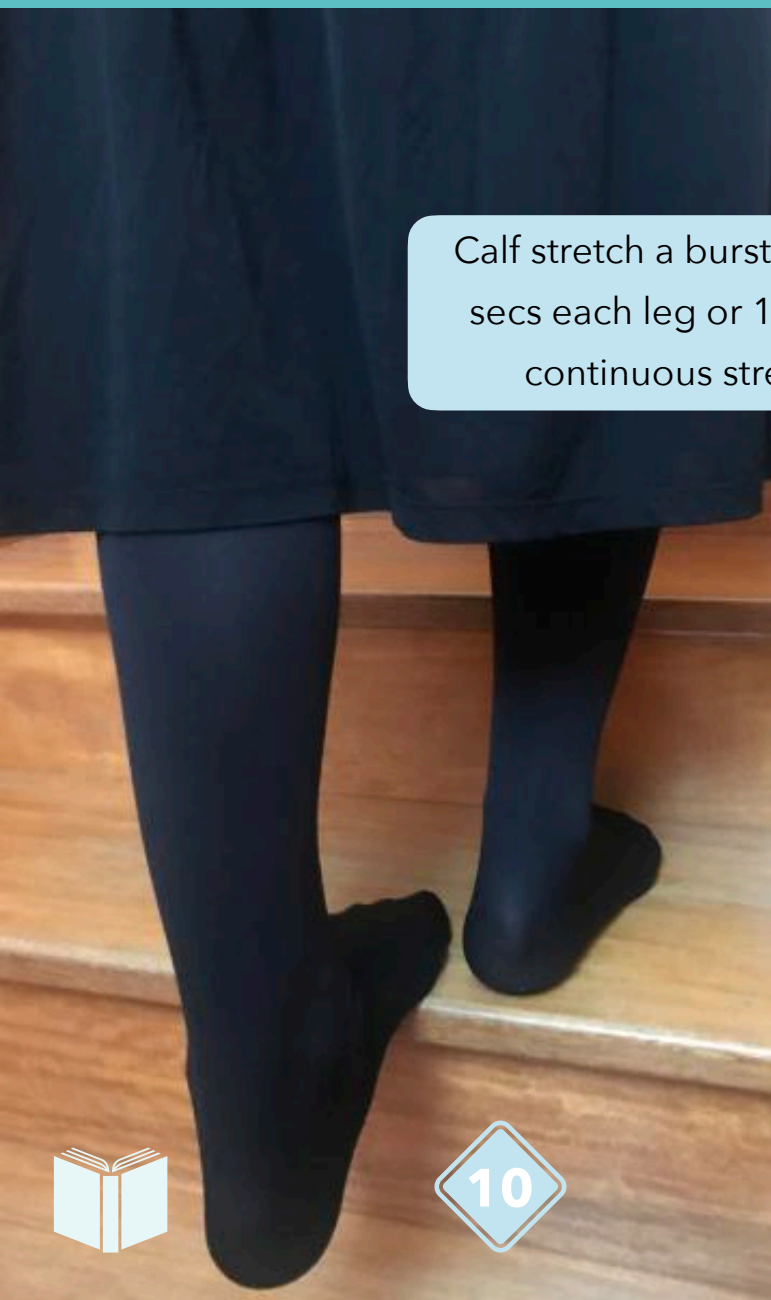
Repeat for 15 breaths or 10 minutes (optionally, place a pillow between knees and tie with a scarf).



6 MINUTE DAILY PELVIC BALANCE SEQUENCE PART 1

When and how

Daily During Pregnancy. A short but effective daily pelvic balance sequence. Can be done whilst making breakfast!

A photograph showing the lower legs and feet of a person standing on a wooden step. The person is wearing dark blue leggings and black socks. The right foot is on the step, and the left foot is on the floor below it, illustrating a calf stretch.

Calf stretch a burst of 3x 20 secs each leg or 1 minute continuous stretch.



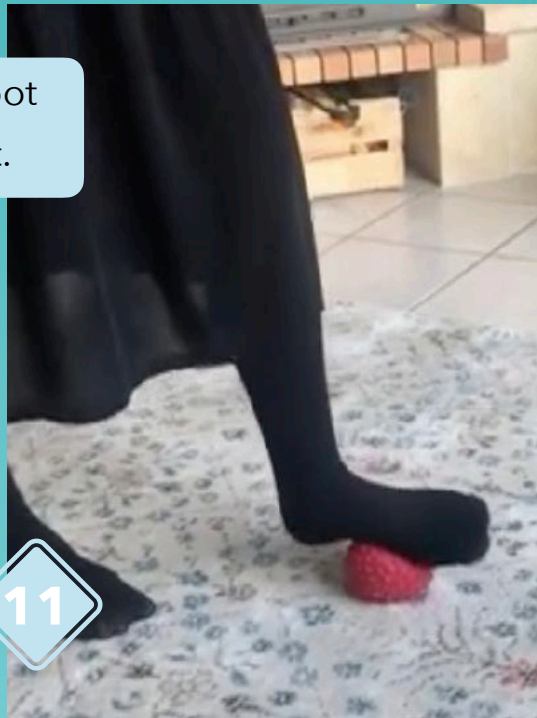
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6 MINUTE DAILY PELVIC BALANCE SEQUENCE PART 2



Leg swing for 1 minute
each leg.

Ball rolling on sole of foot
for 1 minute each foot.



INTERVENTIONS

Augmenting or accelerating labour

Consent – information regarding the offer of interventions like breaking the water aka ARM (*Artificial Rupture of Membranes*) and synthetic oxytocin is not routinely given and not of a sufficient quality to enable informed consent. Please remember that no one can do anything to you without your consent. Please ask for more information if you feel you haven't been given enough – there are pros and cons to everything!

Using the **BRAIN** acronym is a good method to ensure you are given meaningful information:

Benefits – what are the benefits of this intervention for me and for my baby

Risks – what are the risks? Are there short term and long term risks? How will they be managed?

Alternatives – what else can be done to improve the situation? What other options are available?

Information and intuition – do you have enough information? Do you understand the information or could it be given in a more meaningful way? What is your gut feeling?

Nothing – how long can we wait to make our decision? Is it an emergency?



INTERVENTIONS: ARM

Artificial Rupture of Membranes:

- Increases strength and frequency of contractions;
- It can increase the intensity and pain of contractions;
- There is no evidence that, on its own, breaking the bag of waters improves your chance of a vaginal delivery;
- No studies have been carried out to determine whether ARM is useful or risky if your baby is in a suboptimal position;
- It makes less space for the baby to optimise its position for birth, increasing the chance of a persistent malposition;
- Increases risk of infection;
- Risk of cord prolapse (cord dropping down past the baby's head into the vagina) if the baby is high in the pelvis;
- Starts the clock ticking.



INTERVENTIONS: SYNTHETIC OXYTOCIN

Synthetic oxytocin :

- Increases strength and frequency of contractions;
- It can increase the intensity and pain of contractions;
- Along with ARM it can speed up labour by approximately 2 hours;
- It does not change the birth outcome i.e. no difference in the caesarean section rate and instrumental birth rate;
- It may increase the chance of perineal tearing and episiotomy;
- Contra indicated if there is obstructed labour or a malpresentation;
- It has multiple risk factors associated with its use and requires careful administration and monitoring, including postpartum haemorrhage, breastfeeding issues, postnatal depression, uterine hyperstimulation and fetal hypoxia, uterine rupture;
- There is no agreed standardised dose;
- Some women feel a loss of control over their birth experience;



INTERVENTIONS: FURTHER INFORMATION

For further information click these weblinks:



***Recommendations for Augmentation
of Labour***



***Women's experiences of augmentation of
labour - Dr Sara Wickham***



PREGNANCY ADVICE

Walk build up to at least 30 minutes of brisk walking every day.

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.

Sit well remember your posture matters. Avoid sitting for long periods.

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



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SUMMARY

Integrate the advice and pregnancy techniques into your daily life. They are easy to do and will make a big difference.

In labour, use the techniques if labour becomes difficult or if you are going to have planned medicalisation, like an induction.

You can be active! If you are an active person you don't have to stop during your pregnancy, just check with your personal trainer.

Activity is good for your mental health.



*UK Chief Medical
Officers' Physical
Activity Guidelines,
2019*

