



Labor Skills Workshop

By Lisa Acosta, BSN, RNC-OB, CCE

Experienced L & D nurse

Certified Childbirth Educator

Certified Spinning Babies Parent Class Educator

Certified HypnoBirthing Childbirth Educator

Nurses are the most common denominator when it comes to childbirth in the United States. 99% of births are attended by L&D nurses. While there is very little research about our role, we are far from neutral bystanders. We are active participants in the process of labor and birth in the U.S., and our work has an impact on every measurable quality indicator.

Pay attention to the nurses.

~ Tap Root Doula Blog, The Nurses Role in Reducing Cesarean Births, April 2017.



Parity: nullip or multip, makes all the difference

***Pelvis:** it's shape and internal diameters, soft and bony tissues

***Power:** uterus and soft tissues work better with balance

***Passenger:** the baby, it's position, cardinal movements

Pelvic Balancing: creates space in the pelvis for baby to come through

Presence: you at the bedside, teaching and guiding

Psyche: the mind body connection

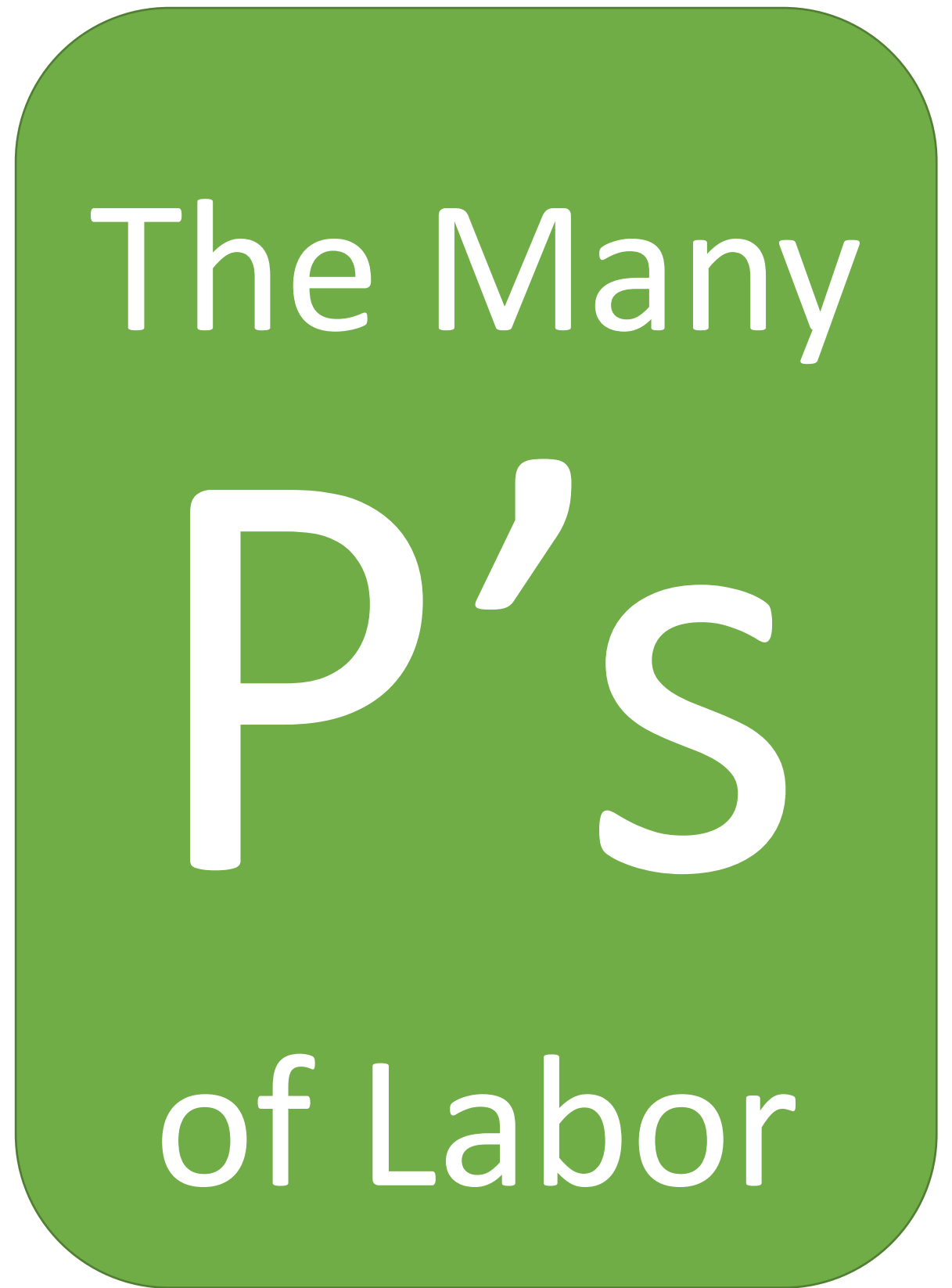
Pain: Comfort, coping, and relaxing

Positioning: stretches, movement, peanut ball use

Pushing: changing positions, preserving the perineum, moment of birth opportunities

Problems: FTP, FTD, strip problems

***Other P's to think about:** Placenta, Pitocin, Preparation



Priorities

Safe Birth

Continuous
labor support

Coping

Patient
Education

Shared
Decision
making

Time

Cervical
ripening

Judicious use of
Pitocin – Use
lowest effective
dose

Avoid
early
AROM

- Find out what is most important to your patient
- There is no “one size fits all” algorithm in birth/IOL
 - But... there are best practices
- Physiology over force is best for moms and babies
- ROM + Pitocin + Epidural = Ticking Clock

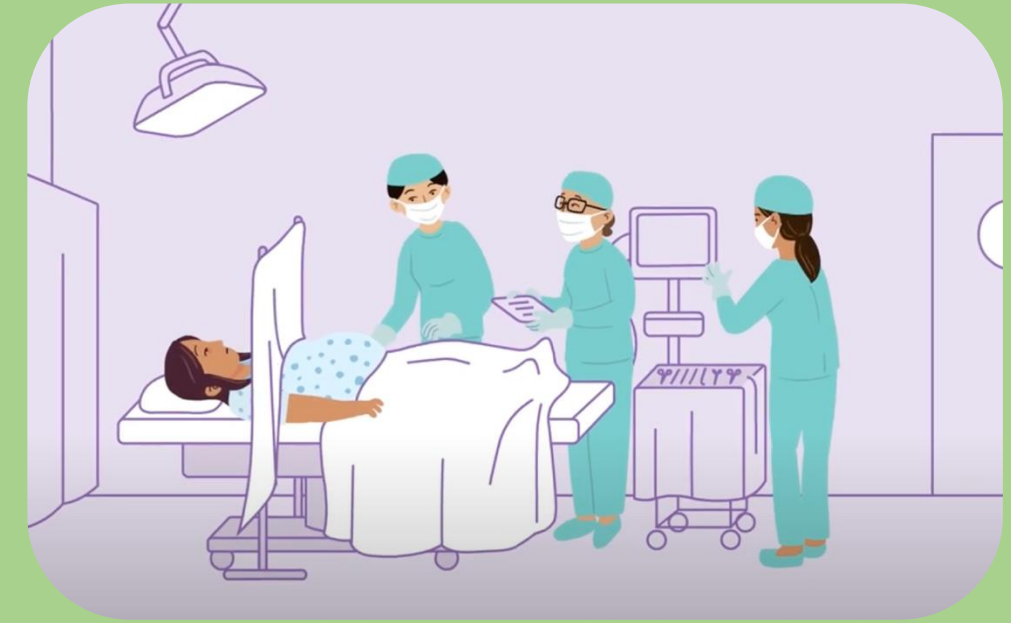
Respectful
Maternity
Care

EBP

PARITY

The NTSV:

- Nulliparous
- Term (37+ weeks)
- Singleton
- Vertex



- A precious patient population
- They become our reportable CS rate
- Includes low-risk and many high-risk pts

What exactly meets criteria for failure to progress/descend?

1st Stage: Early labor: 1-5 cms

- *No cervical change* after 12 hours of Pitocin *after* ROM

1st Stage: Active labor: 6 + cms

- *No cervical change* after 4 hours of STRONG ctx and ROM (need MVUs >200)
- *No cervical change* after 6 hours of MODERATE ctx and ROM

2nd Stage nullip:

- With an epidural - 4 hours pushing
- Without an epidural – 3 hours pushing



SMH OB Labor Management Protocol
Please complete for ALL labor patients and place in audit bin

Patient Status: (check one)	Induction/Augmentation Agents Used	Nursing Interventions	Upon admission:
☐ Admitted in Labor	☐ Cervidil	☐ CUB/Birth ball	VE: _____
☐ Induction	☐ Cytotec	☐ Peanut Ball	Bishop: _____
☐ Elective	☐ Cervical balloon	☐ Balances	
☐ Medical/Postdate:	☐ Dilapan	☐ Stretches	
☐ Not in labor:	☐ Pitocin	☐ 100% Walking Path	Parity and GA:
☐ Spontaneous ROM		☐ Wireless EFM	☐ Nulliparous
☐ Antepartum pt.		☐ Squat Bar	☐ Multiparous
		☐ Birth Mirror	☐ GA: _____
☐ Delivered Vaginally			

1. Reason for c/s ☐ FHR concerns (STOP HERE) ☐ Failed induction Reason for IOL: _____ ☐ Labor dystocia ☐ Maternal Request ☐ Other _____	2. FIRST STAGE (Latent Phase: <6 cm dilated): Pitocin infusion for at least 12 hours <u>after</u> ROM without cervical change: ☐ Yes ☐ No ROM date/time: _____ Pitocin start date/time: _____ VE at start of Pitocin: _____									
3. FIRST STAGE (Active Phase: >6 cm dilated): (All 3 must be present) (Please Circle) <table style="width: 100%;"><tr><td>1. Cervix GREATER than 6 cm</td><td>Yes</td><td>No</td></tr><tr><td>2. > 4 hours adequate contractions (strong to palpation or MVUs >200) or > 6 hours inadequate contractions w/ Pitocin</td><td>Yes</td><td>No</td></tr><tr><td>3. ROM</td><td>Yes</td><td>No</td></tr></table>		1. Cervix GREATER than 6 cm	Yes	No	2. > 4 hours adequate contractions (strong to palpation or MVUs >200) or > 6 hours inadequate contractions w/ Pitocin	Yes	No	3. ROM	Yes	No
1. Cervix GREATER than 6 cm	Yes	No								
2. > 4 hours adequate contractions (strong to palpation or MVUs >200) or > 6 hours inadequate contractions w/ Pitocin	Yes	No								
3. ROM	Yes	No								
4. Was the patient completely dilated at time of c/s? ☐ Yes (CONTINUE to question #5) ☐ No (How many cm at time of c/s) _____ (STOP HERE)	5. SECOND STAGE: Pushing (with OR without epidural) Nullip: Minimum of 4 OR 3 hours ☐ Yes ☐ No Multip: Minimum of 3 OR 2 hours ☐ Yes ☐ No									

Signature (RN): _____ Date & Time: _____

Signature (OB): _____ Date & Time: _____

THIS FORM SHOULD BE USED AS A TOOL TO DETERMINE IF CRITERIA FOR CS HAS BEEN MET. PLEASE FILL OUT FORM THROUGHOUT LABOR ADMISSION.

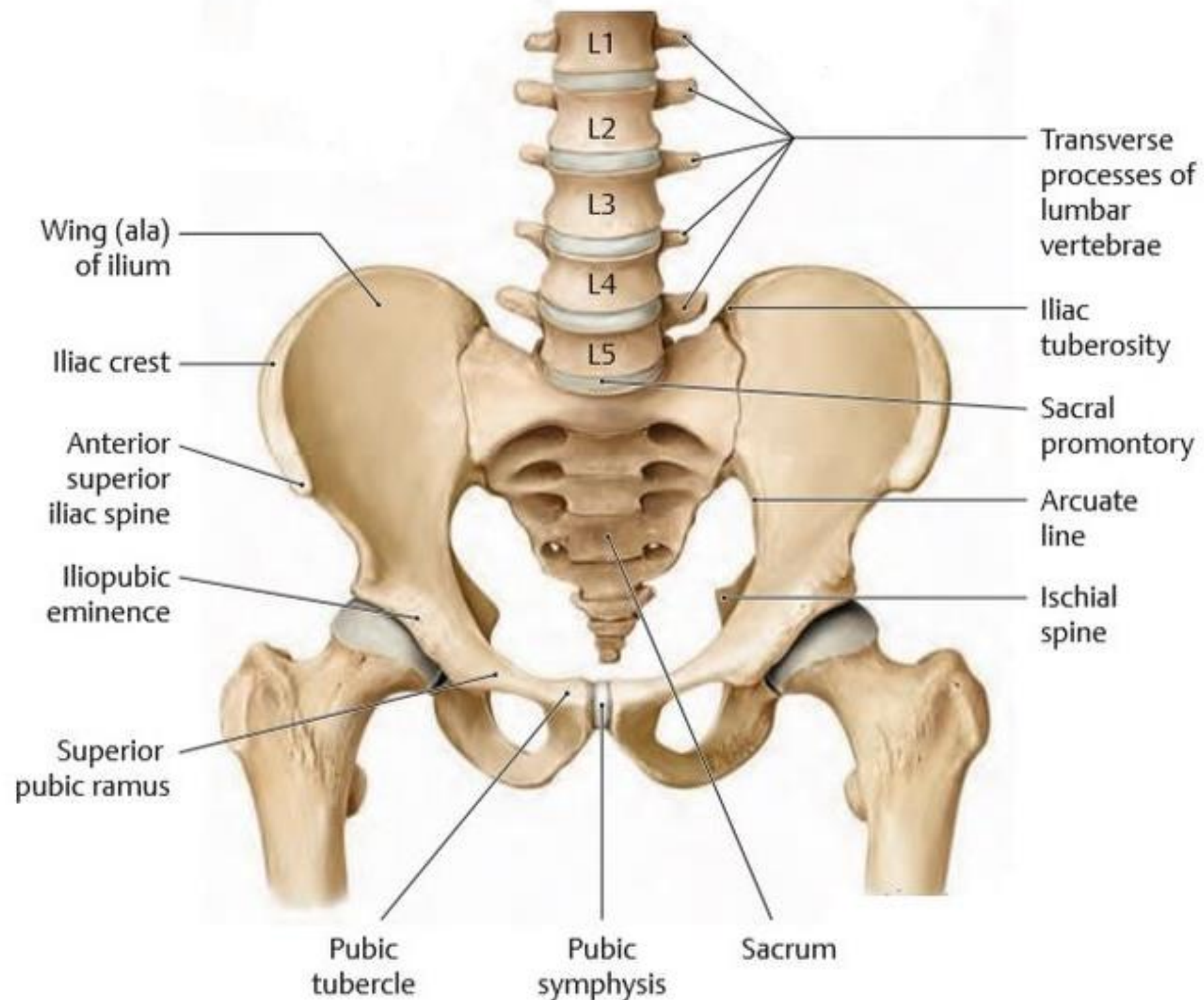
Revised 9/2022

NOT A PART OF THE MEDICAL RECORD

Patient Label
PLACE PT. LABEL HERE

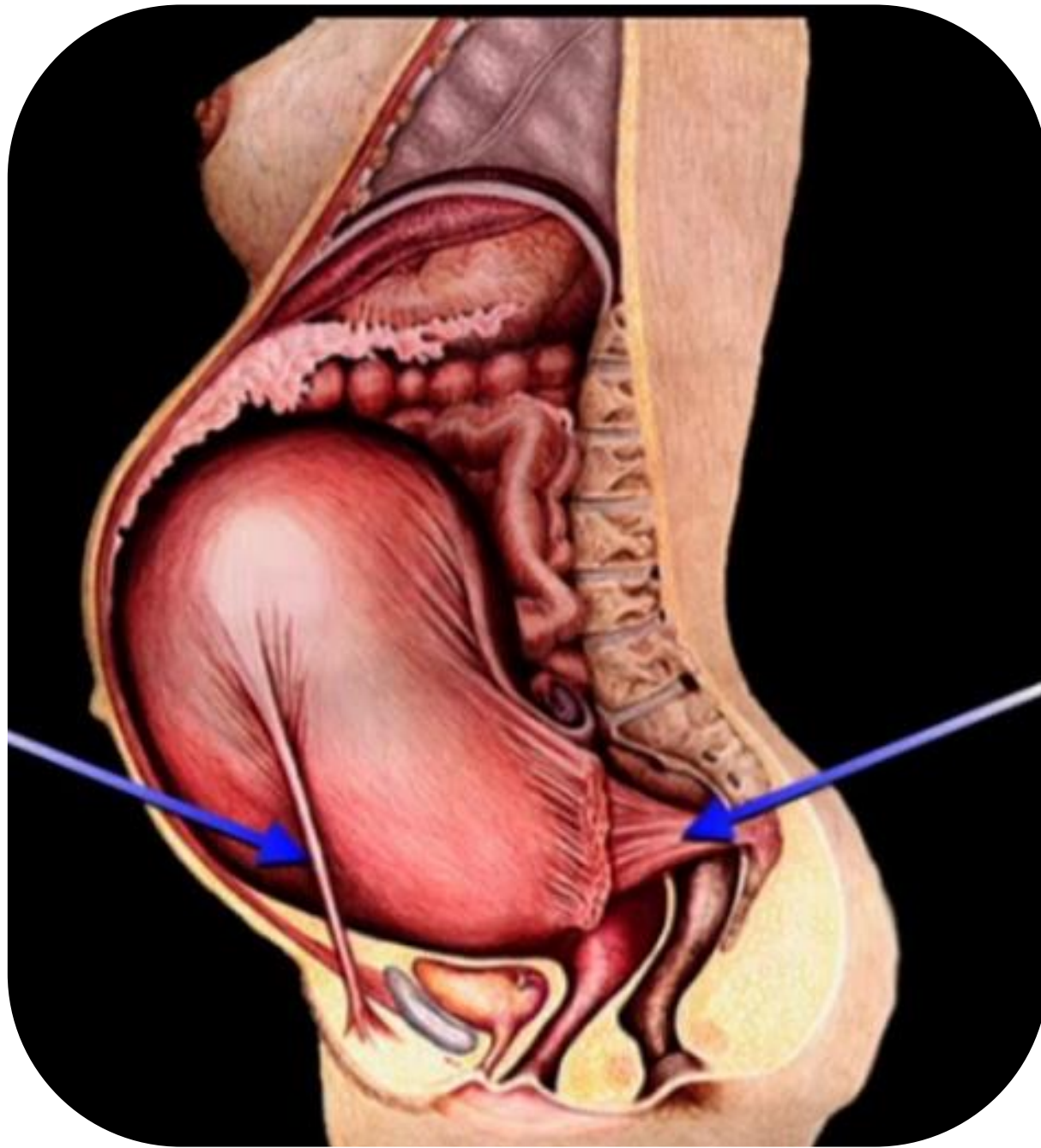
The PELVIS

Jointed, flexible, designed to give birth



Rhombus of Michaelis

The POWER (of the uterus)



The uterus works better in *balance*

- Balance = supple, flexible, and aligned soft tissues

Soft tissues supporting the uterus:

- Ligaments: Round, Broad, Uterosacral, Cardinal
- Pelvic floor: guides baby's head lower
- Psoas muscle: if tight, can keep baby high

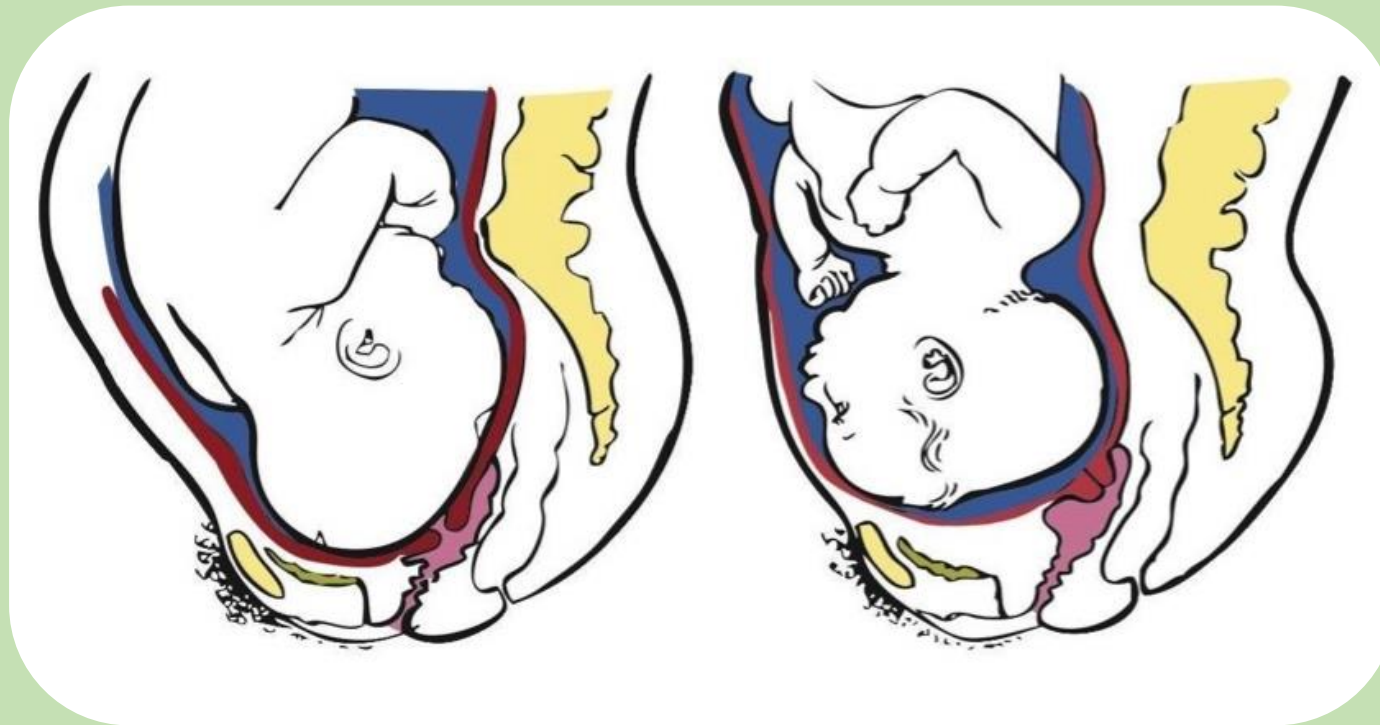
More to come on this topic of balance!

The PASSENGER



**“Every Darn Fetus
Is
Extremely Eager to Exit”**

1. Engagement
2. Descent
3. Flexion (chin tuck)
4. Internal rotation
5. Extension
6. External rotation
7. Expulsion



OA vs OP



PELVIC BALANCING (1-2 x shift)



Jiggle



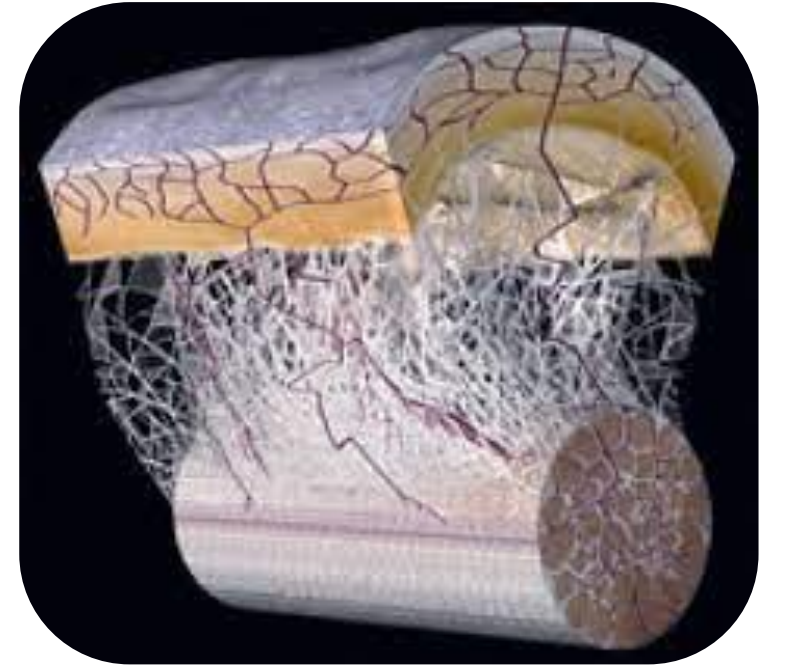
Forward Leaning
Inversion



Side-lying
Release

The Jiggle:

- ~ Increases hydration and circulation to the fascia
- ~Relaxes the nervous system



- Get into a comfortable side-lying position, top leg is supported on a pillow
- Using light oscillating touch, jiggle thigh, hip, and buttock for **5-10 minutes**
- Can be used as a comfort measure at any time. **TEACH THE PARTNER TO DO!**

The Forward Leaning Inversion:

- ~ Stretches and realigns ligaments to the uterus and cervix
- ~ Allows baby opportunity to back up and correct asynclitic head



- Do not do if blood pressure issues, polyhydramnios, or any other contraindication
- With bed flat, help pt to child's pose facing bottom of bed, lower foot of bed
- Hold position for **3 deep breaths, about 30 seconds**, pt may stay longer if desires
- Return bed to starting position, have pt stand tall on knees
- Proceed to next balance.



The Side-lying Release:

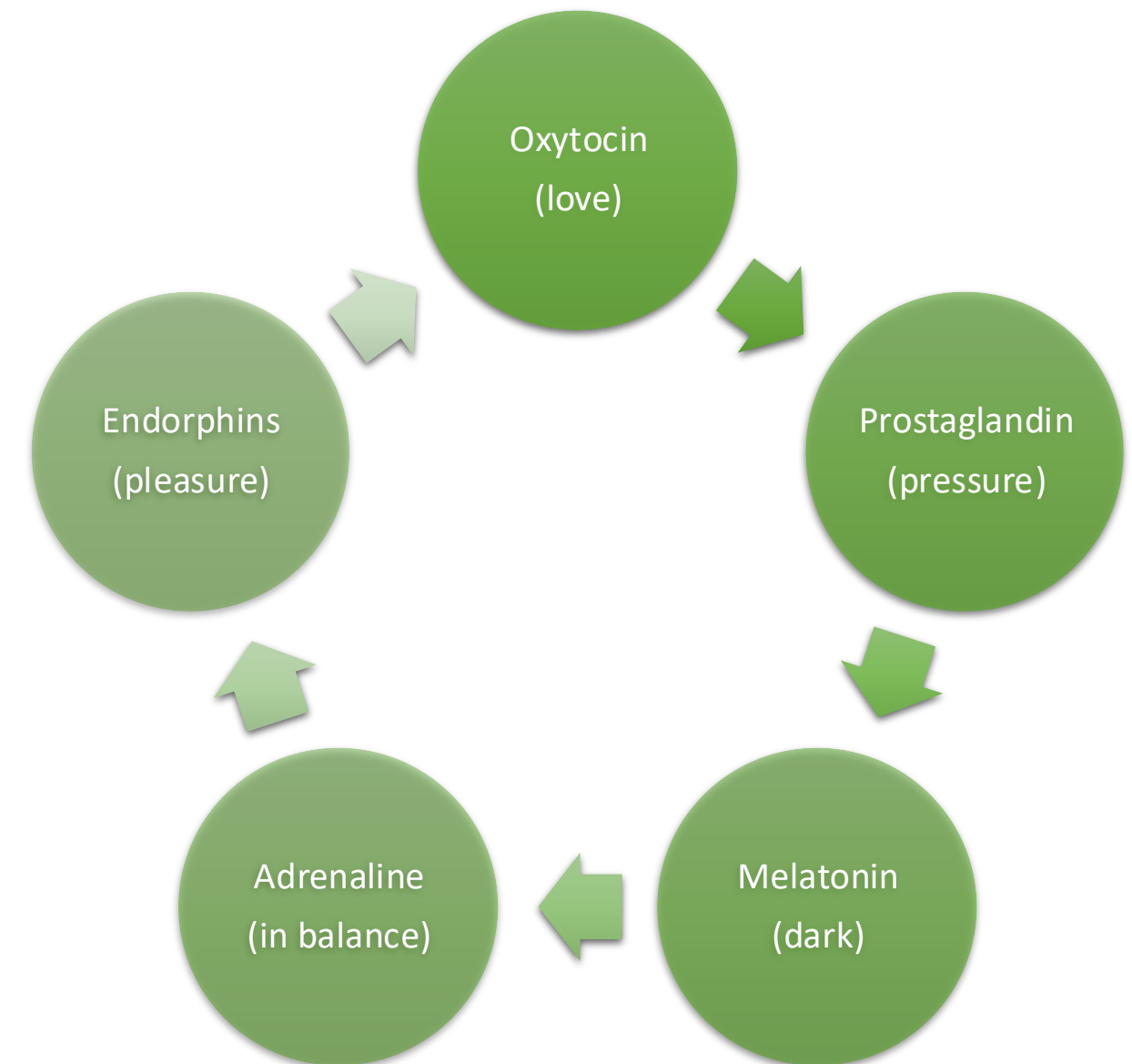
~ Uses a “static stretch” to slightly enlarge and soften the pelvis

- Close to edge of bed, stack hips & shoulders, keep legs straight
- Bring top leg up and over and let it freely hang for **3 contractions, or 10 minutes**. Do both sides
- Stand in front of belly and put forward pressure on the hip so pt does not FALL!



- Does your pt have a Birth Plan? Review it together
- Labor hormones flow best when pts feel safe/comfy/cozy/supported
- Wearing underwear maintains dignity
- Provide a large gown for bigger pts
- Trauma-informed care: Always remember, 1 in 5 women have hx of abuse.
- Maintain positivity, believe in your patient

PSYCHE



Labor Hormones
are shy

Your PRESENCE & Support

Connect with the Patient - spend time with them, hold space

- Use patient and partner names, not mom and dad
- Fill out the whiteboard, put patient and support person's names on it, set a goal for the day: "A beautiful birth"
- Find out what is most important to your patient, what are their birth preferences

Create a safe/calm/private environment

- Always knock when entering
- Dim the lights/draw the shades/pull the room curtain
- Watch your tone, speak softly, positively, and in lay terms
- Encourage music, aromatherapy, flameless candles, provide some comfort cart items

Be your patient's advocate: for clears or real food, OOB ad lib, a shower, the Walking Path, IA or IFM, saline lock, PCN start time if an IOL, more cervical ripening if needed

Bedside shift report, at shift changes and when picking up from OBED – it's an expectation and pts love it!

Research shows the #1 factor in satisfaction with birth is involvement in decision making

PAIN

“I Welcome Strong Surges”

The 3 R's

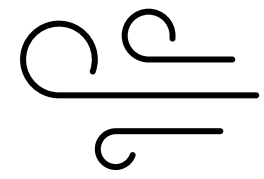
- RELAXATION
- RHYTHM
- RITUAL



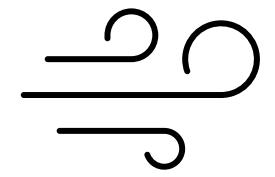
My Go-To Support Measures

- GET PT OUT OF BED
- BIRTH BALL / CUB
- HANDS & KNEES
- STANDING / SWAYING
- INVOLVE SUPPORT PPL
- HIP SQUEEZES
- COUNTER PRESSURE
- LIGHT TOUCH MASSAGE
- MANTRAS
- DEEP BREATHING
- STRESS BALLS/COMBS
- STAY IN ROOM W/ PT
- REASSURE PT

[Penny Simkin's The Essence of Coping in Labor](#)



Breathing Techniques



- Calm Breathing (light surges)
 - In 4 nose, pause, out 6-8 nose
- Surge Breathing (stronger surges)
 - Longest breath in, longest breath out
- Birth Breathing (2nd stage)
 - Deep breath, nudge baby down, imagine letter “J”, don’t hold breath
- Box breathing
 - In 4, hold 4, out 4, hold 4



- Calms the Parasympathetic
- Gets O2 to uterus and baby
- Relaxes the pelvic floor
- Releases endorphins
- “Relax the face, jaw, shoulders”
- Play music or affirmations

POSITIONING & Movement

To promote progress and mitigate pain



Birth Ball



Stretching

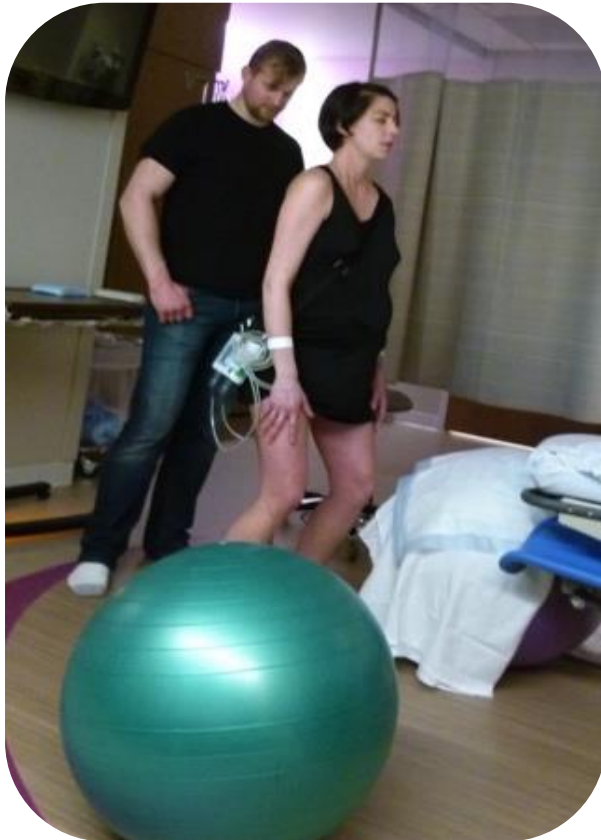


Standing



Peanut Ball

The next 14 slides are all about using gravity and movement to create pelvic mobility



Easy ways to promote movement:

- Saline locked IV
- IA/wireless monitoring
- Encourage birth ball/CUB chair/OOB



Novii Tips:

- Wash belly with baby soap ONLY!!!
- Center patch on umbilicus
- GENTLY exfoliate for each electrode
- Apply patch first, then set up interface
- Have pt stay in bed for about 15 mins
- Clean pods before/after with alcohol preps



Birth Ball/CUB Seated Movements

- Circles to the left/right
- Front to back
- Side to side
- Leaning over
- Ball Sizing:
 - 65cm for most pts
 - 75cm for tall pts
 - Hips level with knees



Stretches

Great for early labor
and
IOL patients

STRETCH IT OUT

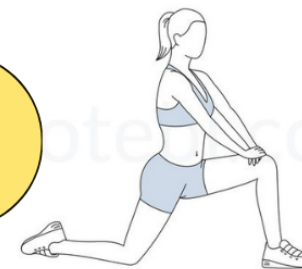
1



CALVES

- Lengthens hamstrings, mobilizes sacrum
- Use a rolled towel as a wedge
- Step on wedge, step forward w/ other leg
- Keep back heel on the ground

2



PSOAS

- Guides baby into upper pelvis
- Can do standing or kneeling
- Use a pillow under knee



3



GROIN

- Opens the mid-pelvis
- Use a chair or the windowsill
- Place feet perpendicular to each other

4



HIP OPENER

- Works the buttocks and piriformis
- Cross ankle over knee
- Lean forward
- If able, go tip toe on bottom foot

5



FULL SQUAT/HALF SQUAT

- Gets baby lower in pelvis
- Squat, hold for 20 seconds, rise, repeat
- Hold on to chair or partner

 **HOLD EACH FOR 1-3 MINS** 

Standing Movements

Elevate the bed so pt can lean over



- Dip the Hip
- Lift and Tuck x 10 ctx
- Foot on a stool or chair x 5 ctx each side



More Standing Movements



- Dangle from a knotted rope during 5-10 contractions (relax in between)
- Hold on to your partner



Inpatient Walking Path

If patient meets criteria: Term, Cat I, no Pitocin, head well applied if ruptured, no meconium.

Obtain order for IA and/or permission to take the IP Walking Path.



In-patient Walking Path – Pt takes a lap between each station

Labor Walking Path

Station #1 - Squats



Hold on to the handrail with both hands.
Perform 6 squats.

Labor Walking Path

Station #2 – Step Ups



Place your hand on the wall for balance.
Lift one foot to the top of the stool then the other. Do 6 of these on each foot.

Labor Walking Path

Station #3 – Hydration Station



Don't forget to stay hydrated; be sure to drink some water!

Fill your water bottle here with cold filtered water. Your uterus is a giant muscle that needs water and energy to work well.

Labor Walking Path

Station #4 – Sit and Stand



Sit in the chair and then stand back up, repeat this 6 times! You are considered in active labor when you are 6cms dilated!



Labor Walking Path

Station #4 – Leg Lunges



Hold on to the wall with your arm, place one leg up on the seat and perform a lunge. Then switch legs. Be sure to do 6 on each leg!

Labor Walking Path

Station #4 – Cat/Cow Stretch



Lean over one of the chairs bracing your arms with the chair arms. Do a cat/cow stretch.

Labor Walking Path

Station #4 – Butterfly Stretch



Sit on the chair with and do a butterfly stretch.

Labor Walking Path

Station #5 – Side lunges



Hold on to the handrail with both hands. Bend one knee and stretch right; bend the other knee and stretch left. Stretch both sides 6-10 times.

Labor Walking Path

Station #6 – Hula Hoops



Hold onto the bar with both hands and swing your hips back and forth as if you were doing a hula hoop! Swing to the right and then to the left. Do 6 rotations in each direction!

Peanut Balls

If the baby is high (-3, -2)

Open the top of the pelvis



If the baby is in the middle (-1, 0)

Create asymmetry



If the baby is low (+1, +2, +3)

Open the bottom of the pelvis

Ask yourself: is the baby HIGH, MID, or LOW in the pelvis?



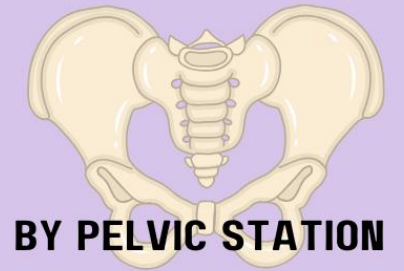
- Proven to shorten labors
- Can use before or after epidural
- Assists in creating femur rotation, pelvic nutation and asymmetry

Practice Time!

Try each one as the positioner and the patient

BEST

Peanut Ball Positions



BY PELVIC STATION

BABY IS HIGH (-3, -2 STATIONS) - OPEN THE INLET



Flying Cowgirl

Tailor Sitting

Sitting Lunge

Side-lying

BABY IS MID-PELVIS (-1, 0 STATIONS) - CREATE ASYMMETRY



Exaggerated Runners

Fire Hydrant

Tuck

BABY IS LOW (+1, +2) - OPEN THE OUTLET



Knock Knees

Side-lying

IF BABY IS OP/BACK LABOR



Hands & Knees

When the baby is HIGH – use wide knees



Peanut Ball Positions by Pelvic Station

If Baby is High in Pelvis (-3, -2 stations) – Open the Inlet



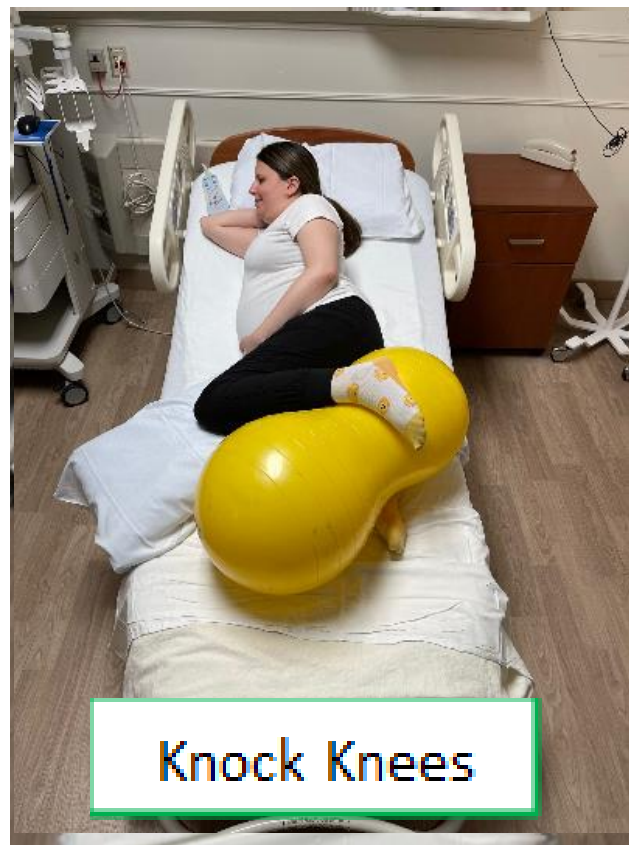
When Baby is MID PELVIS – think asymmetry

If Baby is in Mid-Pelvis (-1, 0, +1) – Create Asymmetry/Extra Room



When baby is LOW – make space at bottom

If Baby is Low in Pelvis (+2, +3) – Open the Outlet



Knock Knees



Side-lying

If Baby is OP or Back Labor – Get Baby to Rotate

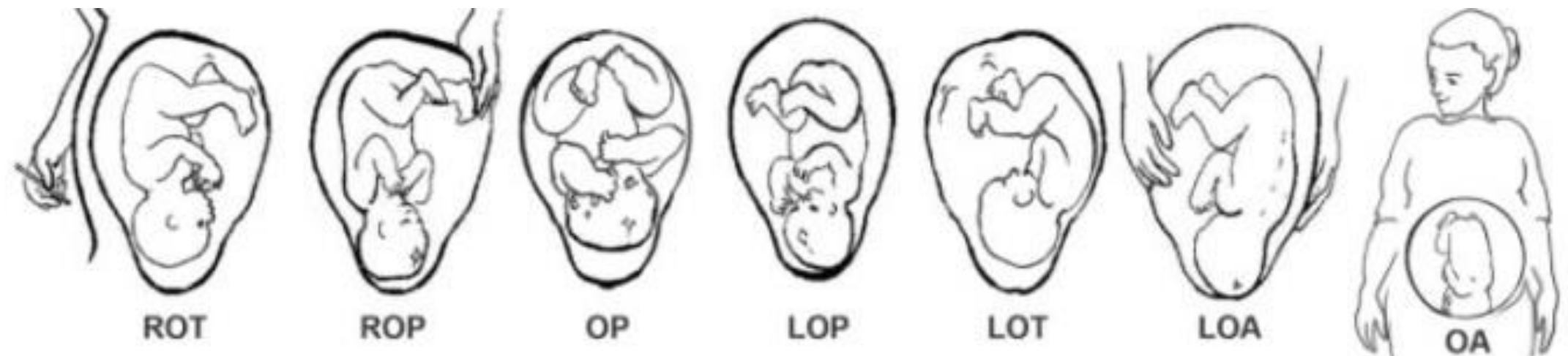
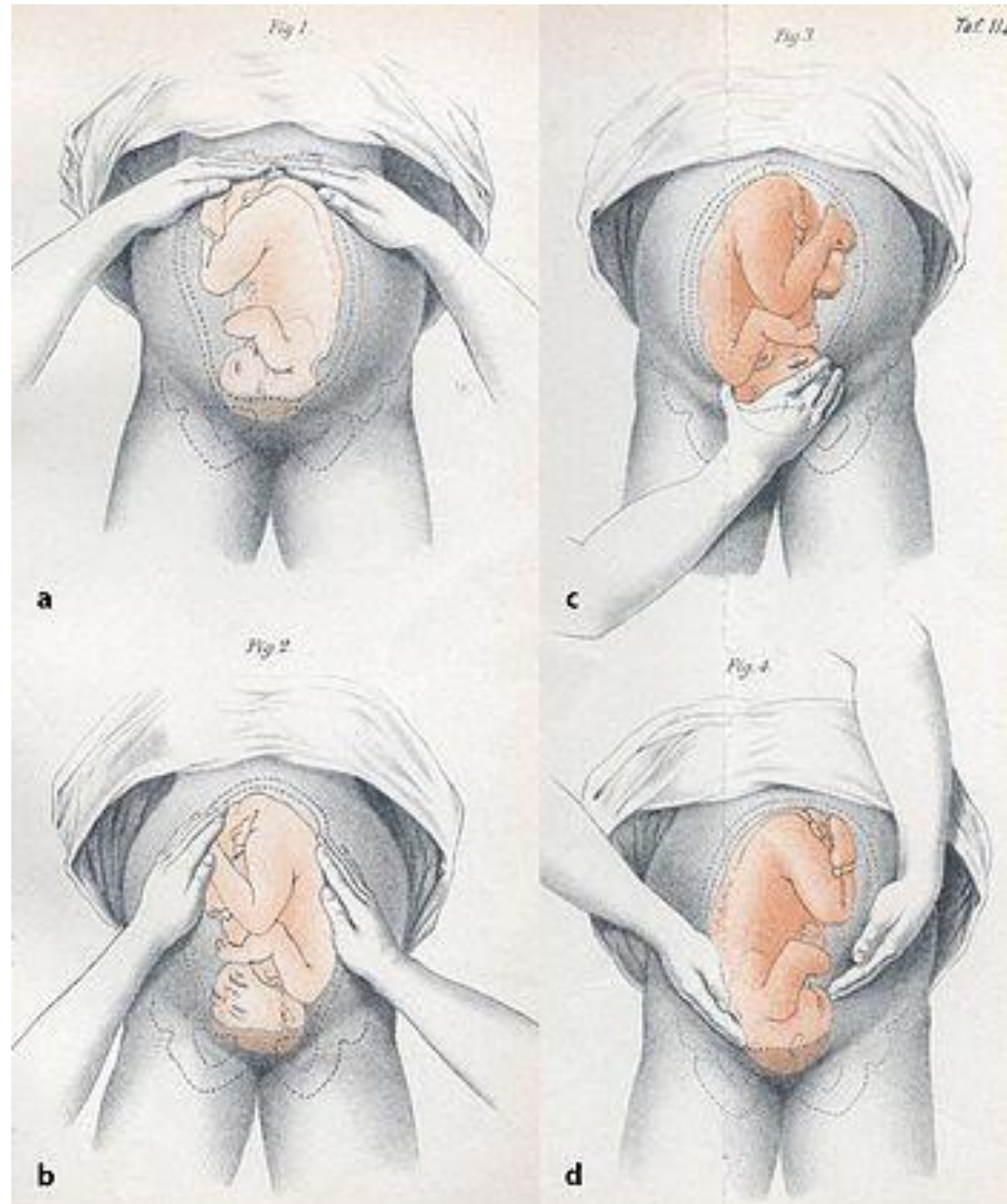


Hands & Knees

*Practice Shaking the Apples when on H&K

How should I position the patient?

- Check baby's position frequently with Leopold's
- Every VE - try to assess fontanel and suture line
- Focus on UFO's and movement in early labor
- Envision what baby needs to do to rotate to OA
 - ROP – go right lateral
 - ROT – go left runners
 - LOP – go left lateral
 - LOT – go right runners
 - OP – H&K if able or jiggle, SLR, left lateral

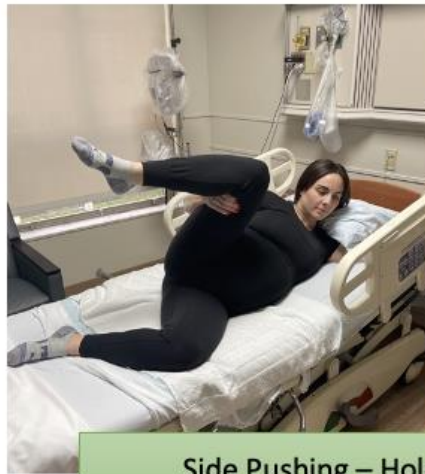


Great Pushing Positions

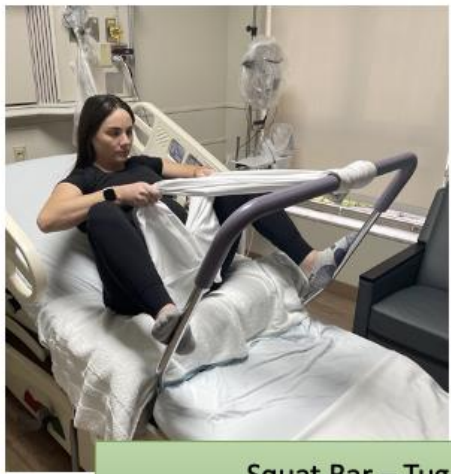
All of these can be done with an epidural. Change it up as needed!



Traditional Reclined



Side Pushing – Holding Thigh | Holding Ankle



Squat Bar – Tug of War | Draped Over



With a Peanut Ball



On a CUB Chair



Hands & Knees – knees together | knees parallel



Pushing Pointers

- Teach pt about pushing around 6+ cms
- Take 2 cleansing breaths
- Open glottis vs closed glottis pushing
- Keep lights low
- Promise to keep pt clean of stool
- Try the birth mirror
- Squat bar and the Skoocher button
- Placing a rolled towel under buttocks
- Try the pelvic cradle
- Change positions Q 5 ctx if no descent
- Hands poised vs hands-on
- Warm compresses to the perine



The Miles Circuit



Sharon Muza

»»» The Miles Circuit «««

www.milescircuit.com

"I named this 'circuit' after my friend Megan Miles, who shared and discussed it with me when I was working with a client whose labor seemed to be stalled out and no longer progressing... This circuit is useful to help get the baby lined up, ideally, in the "Left Occiput Anterior" (LOA) Position, both before labor begins and when some corrections need to be done during labor. Prenatally, this position set can help to rotate a baby. As a natural method of induction, this can help get things going if baby just needed a gentle nudge of position to set things off. To the best of my knowledge, this group of positions will not "hurt" a baby that is already lined up correctly." - Sharon Muza

Before you begin...



- This circuit takes at least 90 minutes to complete so clear your schedule and make mental preparations so you can relax in your environment.
- The second step requires a lot of pillows so gather them up before beginning
- Before starting, you should empty your bladder!
- Have a nice drink nearby, and make sure it has a straw!
- If you are having contractions, this circuit should be done through contractions, try not to change positions between steps

Step One: Open-knee Chest

Stay in this position for 30 minutes, start in cat/cow, then drop your chest as low as you can to the bed or the floor and your bottom as high as you can. Knees should be fairly wide apart, and the angle between the torso/thighs should be wider than 90 degrees. Wiggle around, prop with lots of pillows and use this time to get totally relaxed. This position allows the baby to scoot out of the pelvis a bit and gives them room to rotate, shift their head position, etc. If the pregnant person finds it helpful, careful positioning with a rebozo under the belly, with gentle tension from a support person behind can help maintain this position for the full 30 minutes.



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The Miles Circuit

Step Two: Exaggerated Left Side Lying



We know the photo the left is actually right side... just flip the image in your head.

Roll to your left side, bringing your top leg as high as possible and keeping your bottom leg straight. Roll forward as much as possible, again using a lot of pillows. Sink into the bed and relax some more. If you fall asleep, that's totally okay and you can stay there! If not, stay here for at least another half an hour. Try and get your top right leg up towards your head and get as rolled over onto your belly as much as possible. If you repeat the circuit during labor, try alternating left and right sides.

Step Three: Moving and Lunges

Lunge, walk stairs facing sideways, 2 at a time, (have a spotter downstairs of you!), take a walk outside with one foot on the curb and the other on the street, sit on a birth ball and hula- anything that's upright and putting your pelvis in open, asymmetrical positions. Spend at least 30 minutes doing this one as well to give your baby a chance to move down. If you are lunging or stair or curb walking, you should lunge/walk/go up stairs in the direction that feels better to you. The key with the lunge is that the toes of the higher leg and mom's belly button should be at right angles. Do not lunge over your knee, that closes the pelvis.



Miles Circuit Masterminds

Megan Hamilton Miles: Circuit Creator - www.northsoundbirthcollective.com

Sharon Muza, CD, BDT (DONA), LCCE, FACCE: Supporting Content - www.sharonmuza.com

Emily Weaver Brown: Photography - www.emilyweaverbrownphoto.com

Kate Dewey CD/CDT (BAI): Print and Webmaster - www.letitbebirth.com

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BUNDLE BIRTH

a nursing corporation



Sarah Lavonne, CEO

“Motion is lotion!”

“Flex and flow”

POSITION GUIDE

BUNDLE BIRTH

1



Side-lying release
Soften pelvic floor, both sides for 3 contractions
Reduce constriction and make space

2



2.5

Booty Shake
Shake for 10 minutes between contractions while in puppy pose



Puppy Pose
Disengage and reset baby 30 minutes or until she can no longer tolerate
*can make bed slight trendelenberg

Lavonne CIRCUIT

5

Opposite side open sims with peanut ball/pillows



Open sims with peanut ball/pillows
30 minutes
Help baby descend & encourage OA
Place her on opposite side of baby's back
*If you are unsure what direction baby is facing, go for right and then left

4



3

Flying Cowgirl
Get baby in 30 minutes
*turn her to the side of baby's back



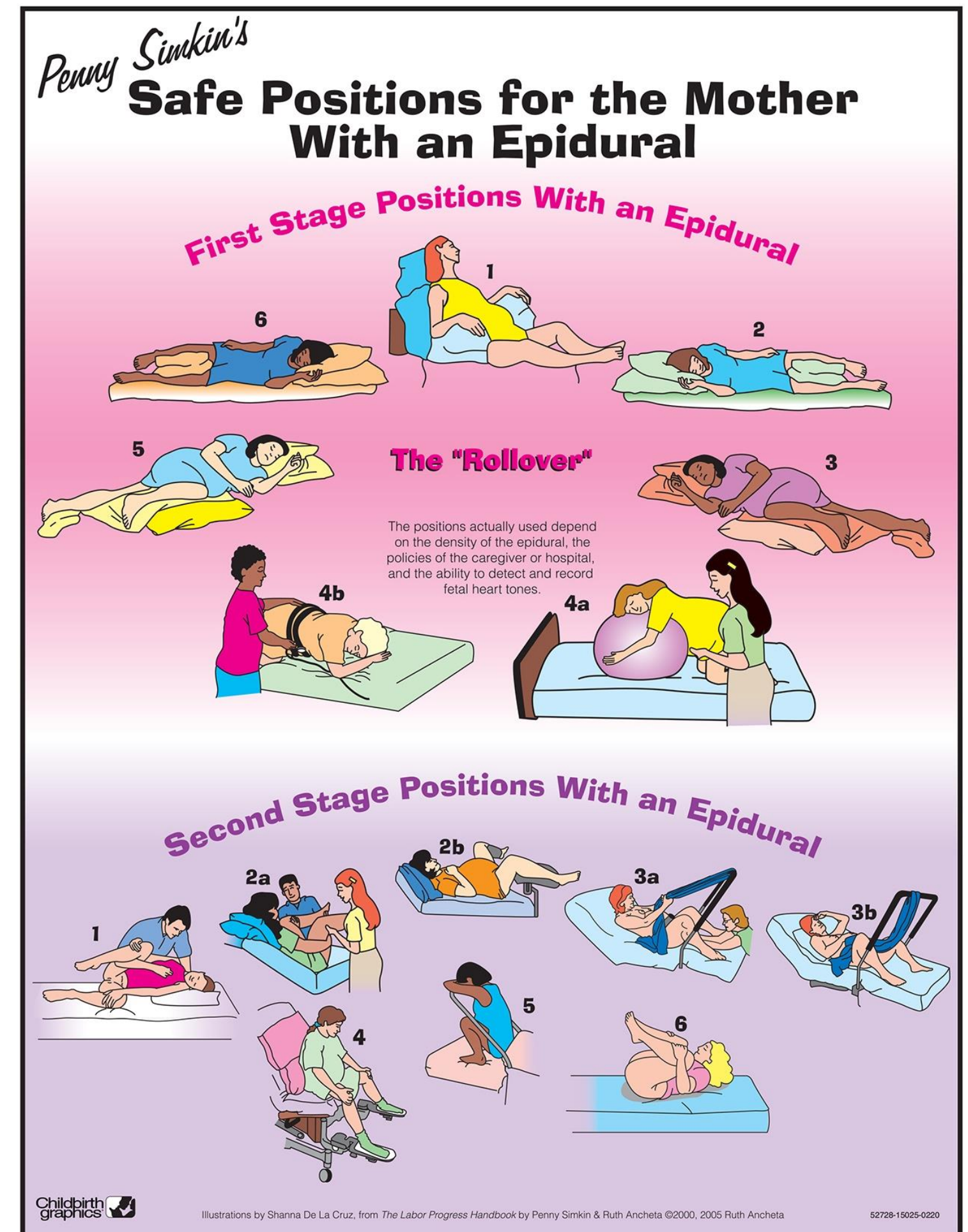
The Rollover by Penny Simkin

“I want people to appreciate how well their bodies are designed to give birth. Every cell in your body knows how.”

~ Penny Simkin



[Care of a Woman with an Epidural](#)
– 5 Rules for Good Support



Our Crown Circuit!

Be like a
pineapple and
Do The CROWN!

CROWN

Spend
30 minutes
on each activity

C



CIRCLES ON A BALL OR CUB CHAIR

- ~Place feet wide apart, and make big circles with your hips.
- ~Change direction, do figure 8s, tilt your pelvis front to back.
- ~Keep moving even during the contractions.

R



RESTORE PELVIC BALANCE

With the help of your nurse:

- Jiggle the thigh, hip, and buttock areas for 10 mins.
- Forward Leaning Inversion with the help of your nurse.
- Side-lying Release for 10 mins each side.

O



OUT OF BED STRETCHES

Pelvic mobility is important in birth. Spend 1-3 minutes on each stretch. Refer to the chart in this packet as you stretch your calves, hips, groin, and buttocks.

W



WALK AROUND THE ROOM

Get gravity AND movement involved. Ask your nurse for a portable fetal monitor so that you can walk around inside your room. If you are able to come off the monitor for a bit, ask to go on our Inpatient Walking Path around the L&D unit.

N



NAP WITH A PEANUT BALL

That's a lot of activity! Save some energy with a peanut ball nap. Ask your nurse to put you in the Tuck, the Lunge, the Flying Cowgirl, or the Exaggerated Runner. Peanut balls speed up labor by opening up your pelvis. Can use before or after an epidural!



EARLY LABOR CIRCUIT



Problems

The 3 Balances

Gilligan's Guide

Reassure

Slow labor/OP/Asynclitic

Reposition

Rest & reset

Change the vibe

Turn off the Pit

Non-reassuring Strip

Amnioinfusion for variables

Hands & Knees

Shake the apples for 10 mins

Trendelenburg x 20 mins

Swollen Cervix

The 3 Balances

Benadryl 50 IV

Reposition to
side-lying

Change pushing positions

Reassure

Lack of Descent

Walcher's

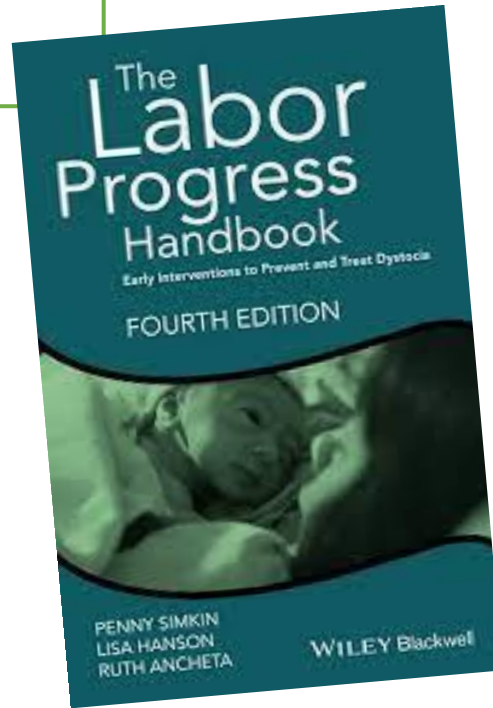
Birth Mirror

Labor down

Pelvic Cradle

Keep Learning!

- Instagram
- Facebook
- Websites
- Podcasts
- Books
- Webinars
- Trainings
- Committees
- Join AWHONN
- Become certified



AWHONN

PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

**EVIDENCE
BASED Birth®**

Evidence that Empowers!

BUNDLE BIRTH
Nurses



Gilligan's
Guide

