


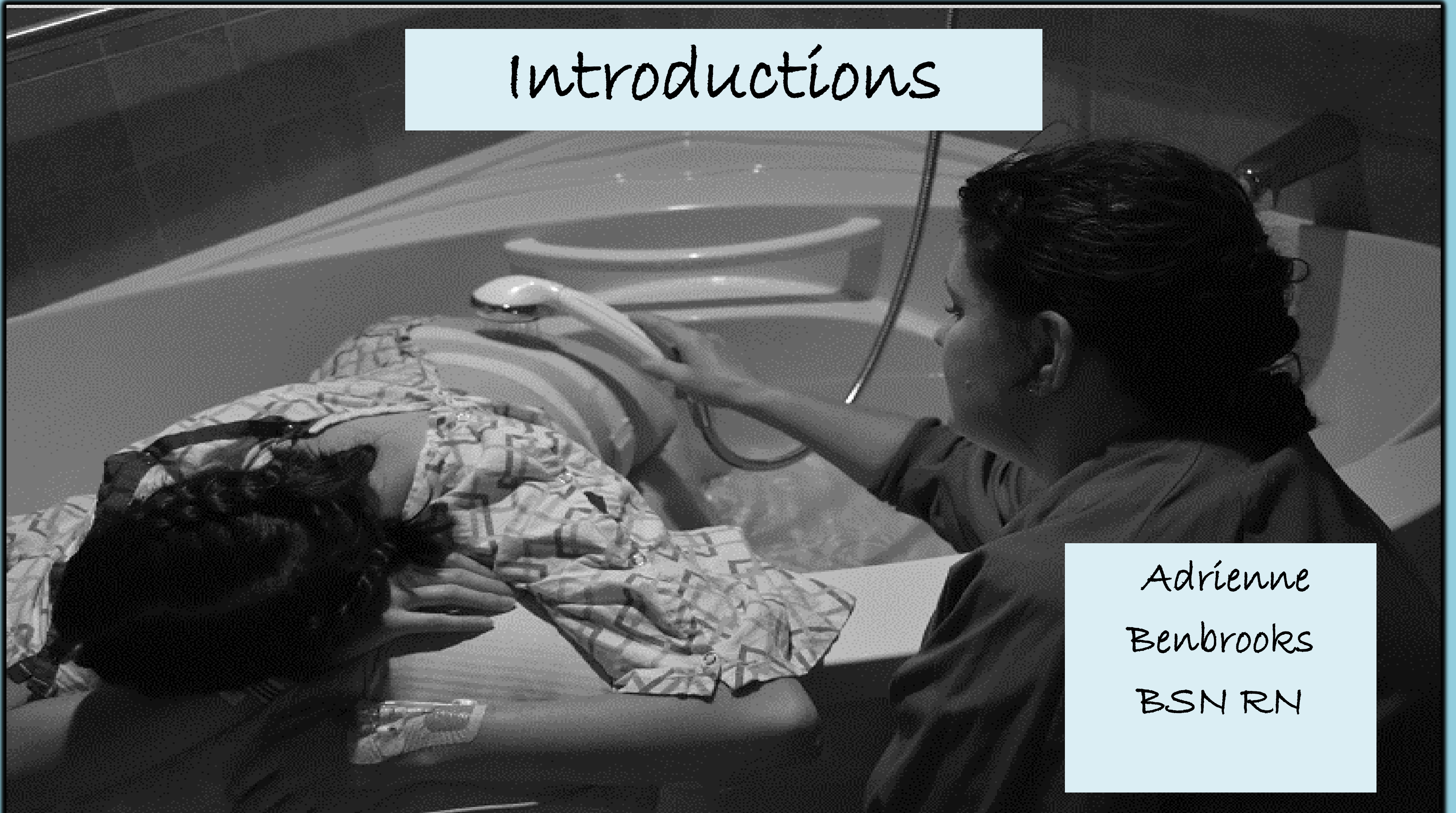
2023 AWHONN  
Conference- Wisconsin

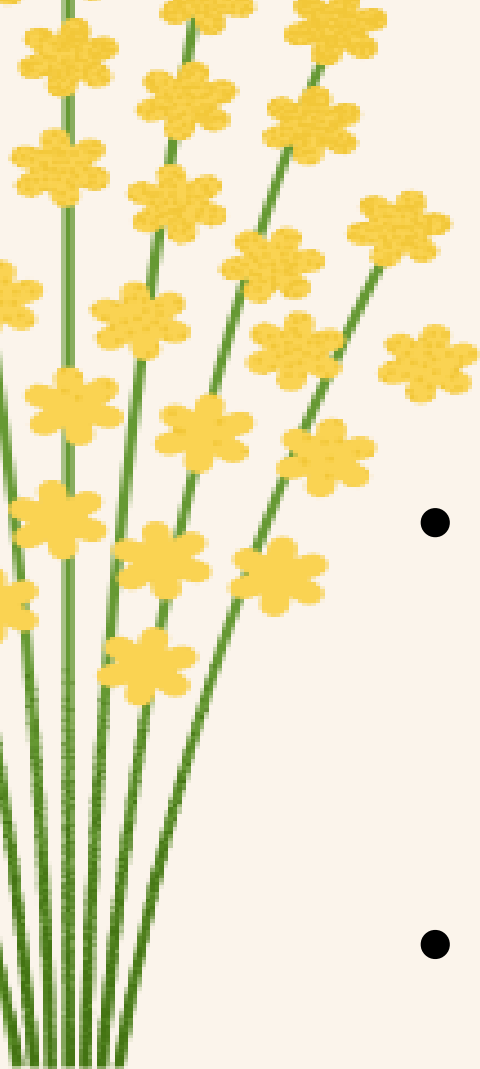
Being Present, Positive, and  
Purposeful with Positioning




# Introductions

Adrienne  
Benbrooks  
BSN RN





# Learning Objectives



- **Acknowledge the impact of continuous labor support on maternal and neonatal outcomes.**
- **Recognize how positioning patients in relation to fetal station/lie promotes progression of labor.**
- **Demonstrate various positions used in labor.**
- **Utilize alternative therapies to help patients cope with pain in labor.**



# Outline

## Why is labor support important?

**01**

- Background and significance.
- Better labor outcomes
- Review of female pelvis
- Risk factors for dysfunctional labor
- Nurses role
- Labor coping scale
- P's of labor

## Positioning

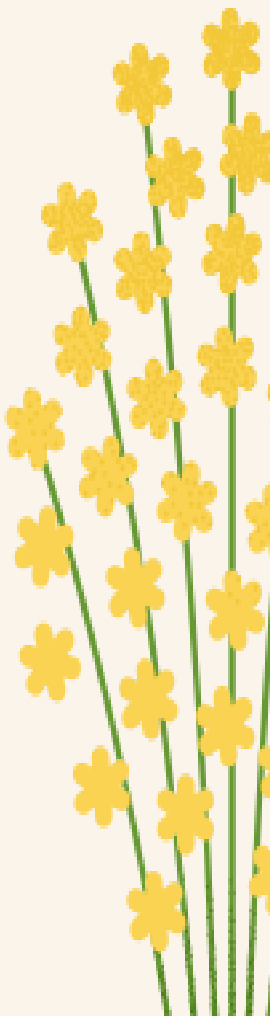
**02**

- Stretches
- Inlet openers
- Mid-pelvis positions
- Outlet openers

## Alternative Therapies

**03**

- Aromatherapy
- Massage
- Hydrotherapy
- Breathing
- Affirmations



# Background & Significance

**Data for United States in  
2021**

**Number of births: 3,664,292**

- Number of vaginal deliveries: 2,486,856
- Number of Cesarean deliveries: 1,174,545
- Percent of all deliveries by Cesarean: 32.1%

## NTSV Cesarean Birth

Nulliparous, Term, Singleton, Vertex

Healthy People 2030 NTSV goal= 23.6%

Most recent=26.3%

(2021)

Wisconsin=  
22.37%

The state benchmark is 14.55%.

This data is from Checkpoint/Wisconsin Hospital  
Association.

# Consequences of Cesarean Birth:


## Maternal-Physiological

### **ACUTE**

- **Longer hospital stay**
- **Increased pain and fatigue**
- **Slower return to normal activities and productivity**
- **Delayed and difficult breastfeeding**
- **Anesthesia complications**
- **Postpartum hemorrhage**
- **Wound infection**
- **Deep vein thrombosis**
- **Maternal death**

### **LONG TERM & SUBSEQUENT**

- **Subsequent cesarean births**
- **Abnormal placentation (placenta previa and placenta accreta) resulting in increased risk of severe morbidity, life-threatening hemorrhage, and hysterectomy**
- **Uterine rupture**
- **Surgical adhesions**
- **Bowel injury**
- **Bowel obstruction**



# Consequences of Cesarean Birth:


## Maternal-Psychological

### **ACUTE**

- **Delayed and/or ineffective bonding with neonate**
- **Maternal anxiety**

### **LONG TERM & SUBSEQUENT PREGNANCIES**

- **Postpartum anxiety and depression**
  - **Post Traumatic Stress Disorder (PTSD)**
- 



# Consequences of Cesarean Birth:

## Neonatal

- **Higher risk of respiratory morbidity (respiratory distress syndrome, transient tachypnea of the newborn, and infections)**
- **Higher NICU admission rates**
- **Prolonged length of stay in NICU**
- **Increased risk of asthma requiring hospitalization and inhaler use in childhood**
- **Difficulty with breastfeeding**
- **With subsequent C/S there is a delayed interval from incision to birth**

## Cost

- **Each Cesarean Section costs \$5,000-\$10,000 more than vaginal birth.**
  - **Most people with previous C/S will undergo a second, third, etc c/s.**
- 



# **A little more background on why I am presenting today.....**

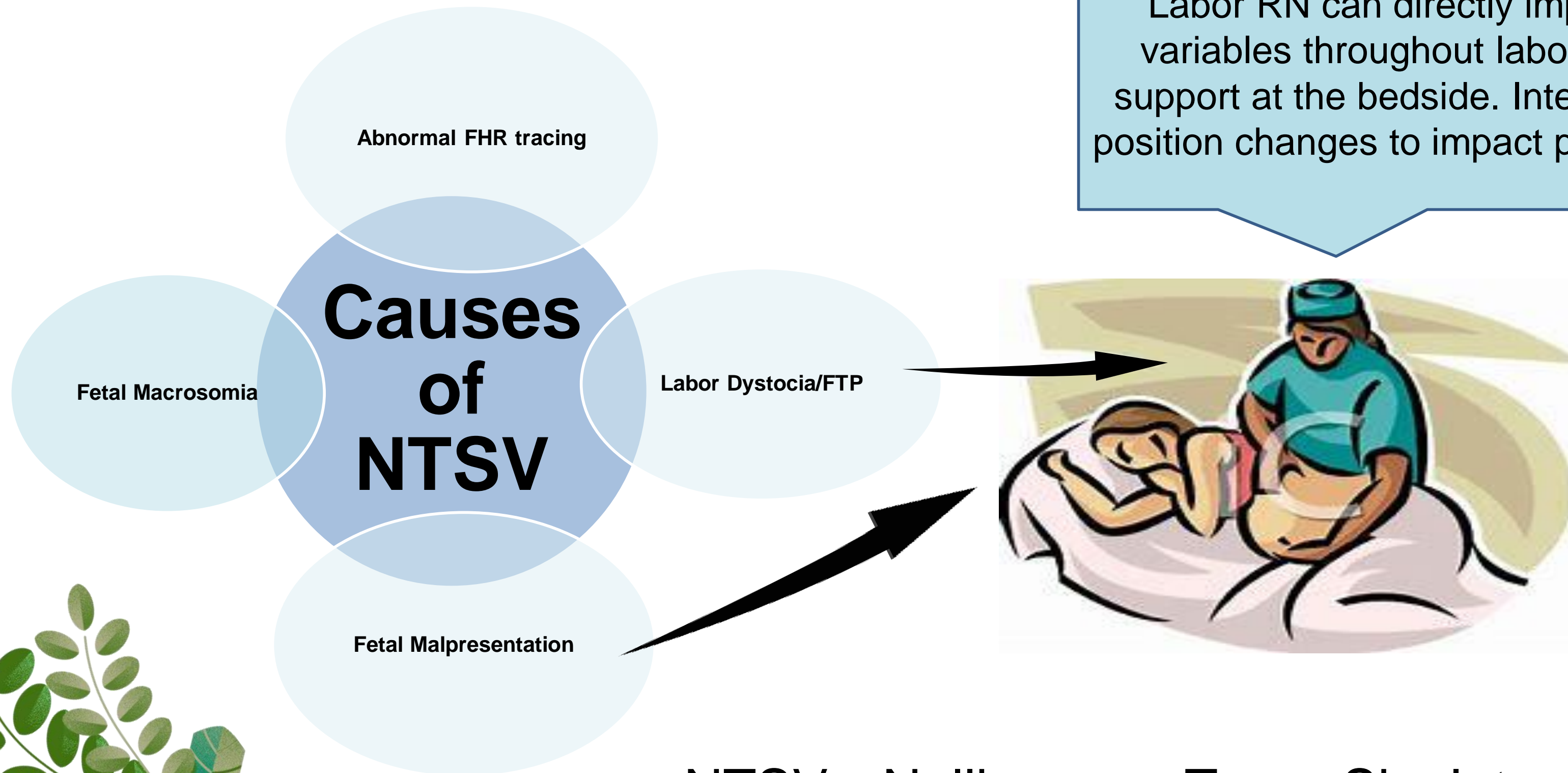
In 2021, ThedaCare Appleton and Neenah local nursing council had been asked to work on a few unit goals.



One of the goals was to reduce NTSV rates at both campuses.



In January 2021, TCA and TCN Local Obstetric Nursing Council began a nurse-driven project to study the cause of increasing NTSV rates.



NTSV—Nulliparous, Term, Singleton, Vertex

## Nurses quotes from first OB survey

### Positioning

- lack of knowledge on different positions than the standard ones we use most often
- different positioning for moms to try in room

### Documentation

- Accurate charting

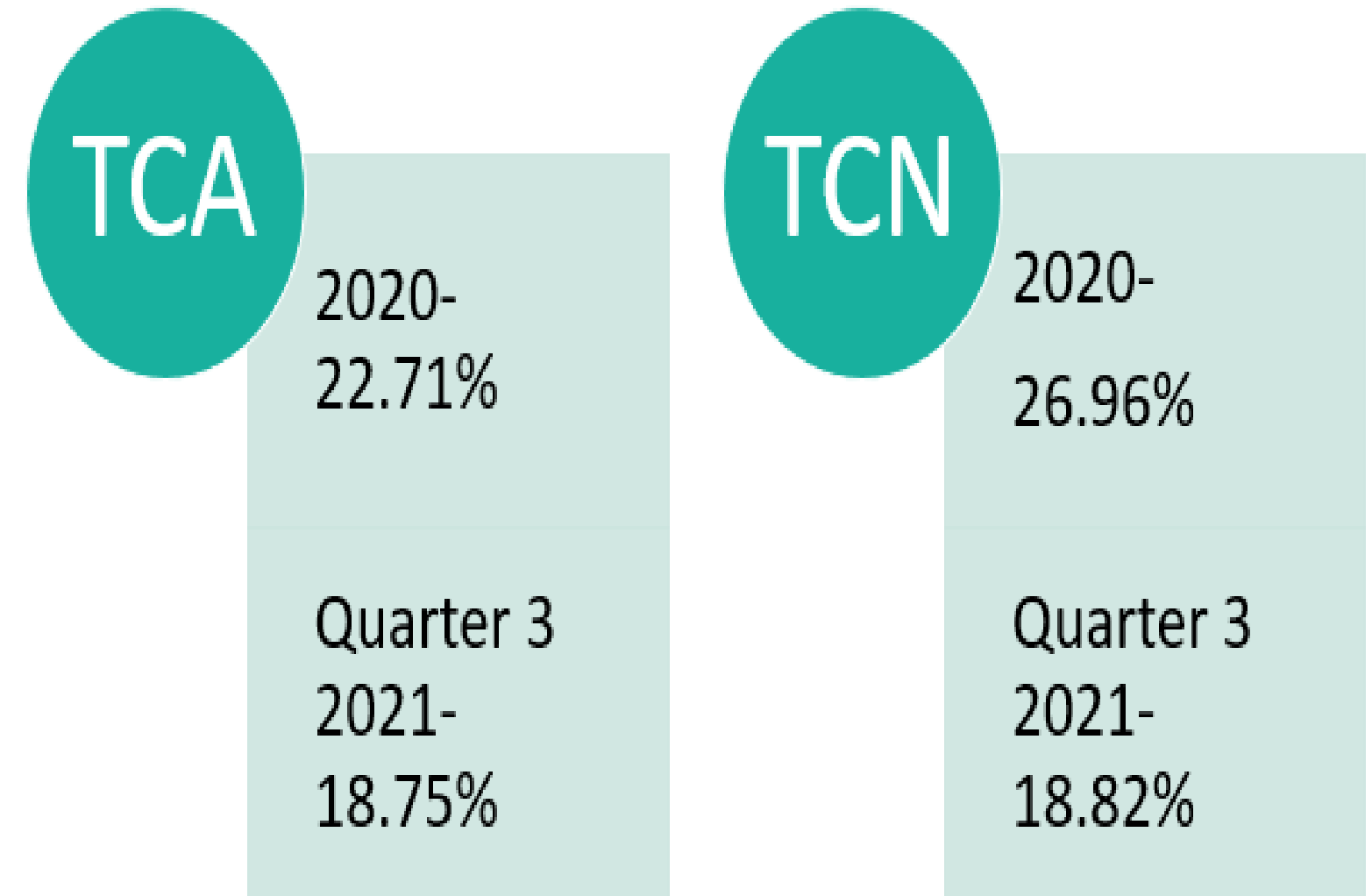
### Alternative comfort measures

- using the tub and monitoring with the movement.
- massage techniques to show partner, different positioning for moms to try in room

### Communication

- doing something that isn't going to feel good for the patient/trying to understand if what I am trying to do is helping them or making things worse

**Comparing 2020 overall NTSV rates with 2021 quarter 3 rates after educating nurses on purposeful positioning.**



There is a gap in knowledge! Continuous labor support is not taught in nursing school and only briefly discussed in AWHONN Perinatal orientation and education program.

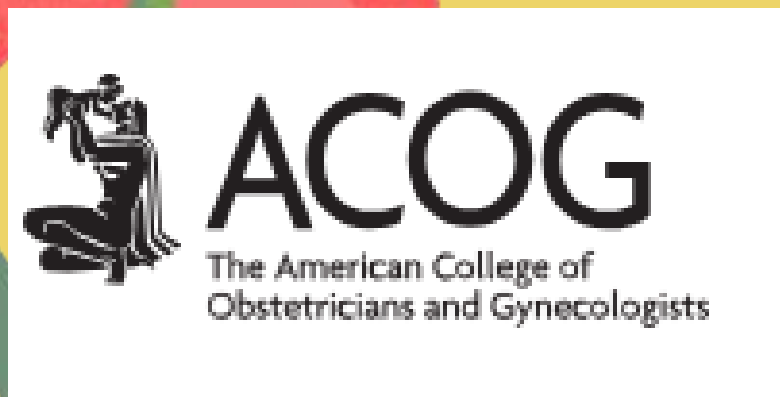
Nurses need education and mentoring with regards to the art of continuous labor support, nurses should be taught to determine timing and appropriate position changes in relation to fetal lie.

# Why... is continuous labor support important?

## Organizational and Committee Position Statements



**AWHONN: The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) asserts that continuous labor support from a registered nurse (RN) is critical to achieve improved birth outcomes. (AWHONN , 2018)**



**ACOG: OB-GYN's and other OB care providers should be familiar with and consider using low-interventional approaches, when appropriate, for the intrapartum management of low-risk women in spontaneous labor. (ACOG, 2019)**

Pre-conference labor support check in...




# The P's of Labor Progression

- **Provider:** beliefs, attitudes, practices and state of mind of the OB doctor and medical team
- **Partner:** supportive partner, family, doula, nurses
- **Powers:** contractions, pushing
- **Passage:** pelvic dimensions (inlet, mid, outlet), pelvic shape
- **Passenger:** position, attitude, size (of infant)
- **Position & Movement:** any maternal movement and position changes made during labor
- **Psyche:** coping, positive thoughts during labor



"Partner"







# Benefits of Continuous Labor Support

- Shorter duration of labor
- Increased spontaneous labor
- Decreased Cesarean Birth
- Decreased instrumental vaginal birth
- Decreased use of regional anesthesia
- Improved five-minute Apgar score
- Fewer negative feelings about childbirth experiences
- Improved maternal satisfaction—coping in labor and personal control
- Support during early labor builds the woman's confidence and helps her establish realistic expectations.



# RN role during labor as a "Partner"

- Labor assessment and evaluation
  - Bedside labor support and education
  - Collaboration
- 



"Psyche"



**Building a trusting  
relationship with your  
patient and setting yourself  
up for success**

**In less than 3 minutes**

Lets work on our  
"Partner" role  
and support our  
patient's positive  
"Psyche" by  
building a  
rapport.





# P-A-I-N

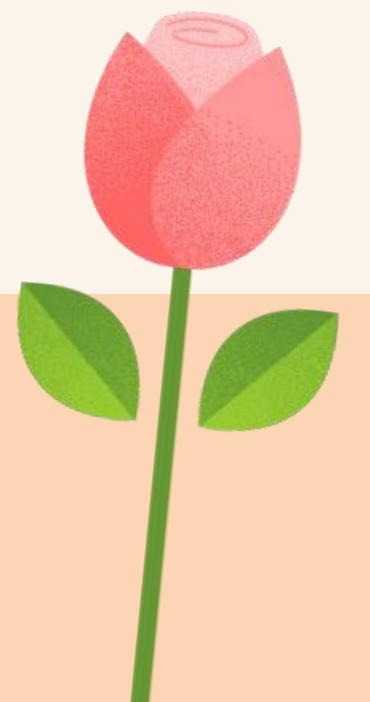
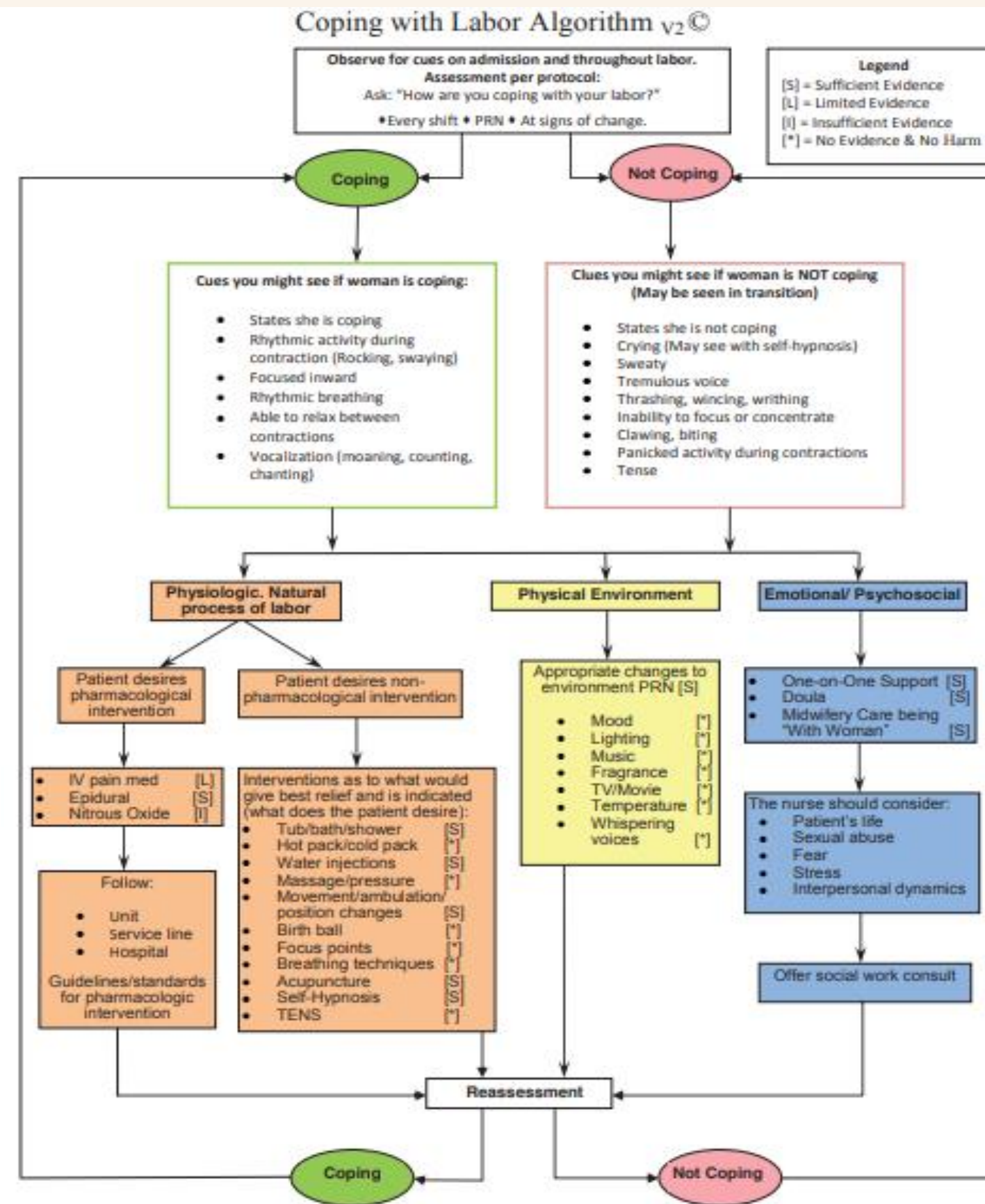
**P → PURPOSEFUL**

**A → ANTICIPATED**

**I → INTERMITTENT**

**N → NORMAL**

Why  
use  
coping  
scale  
vs. 0-10  
scale?



# "Psyche"

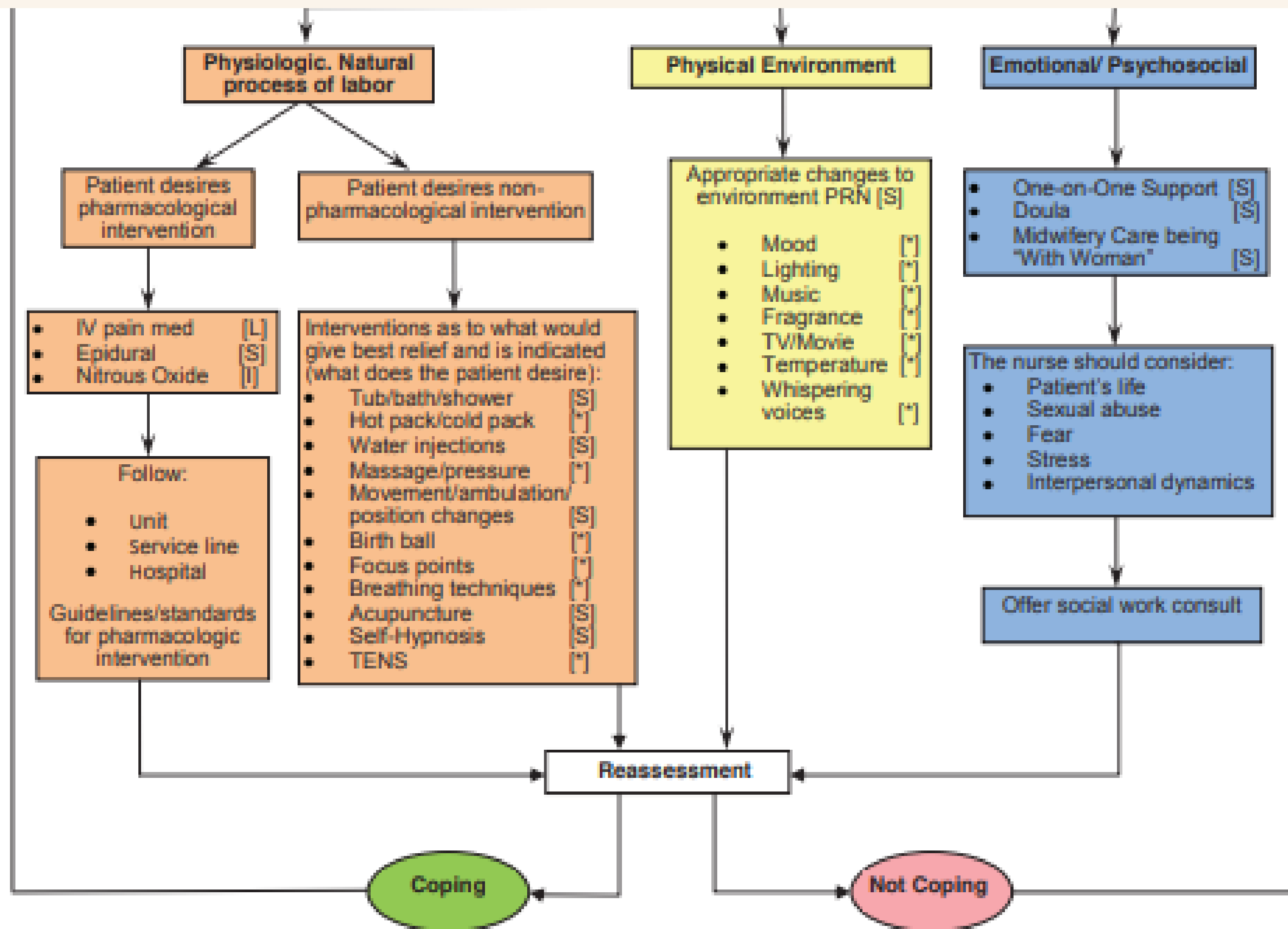
## Coping in Labor

### Cues you might see if woman is coping:

- States she is coping
- Rhythmic activity during contraction (Rocking, swaying)
- Focused inward
- Rhythmic breathing
- Able to relax between contractions
- Vocalization (moaning, counting, chanting)

### Clues you might see if woman is NOT coping (May be seen in transition)

- States she is not coping
- Crying (May see with self-hypnosis)
- Sweaty
- Tremulous voice
- Thrashing, wincing, writhing
- Inability to focus or concentrate
- Clawing, biting
- Panicked activity during contractions
- Tense

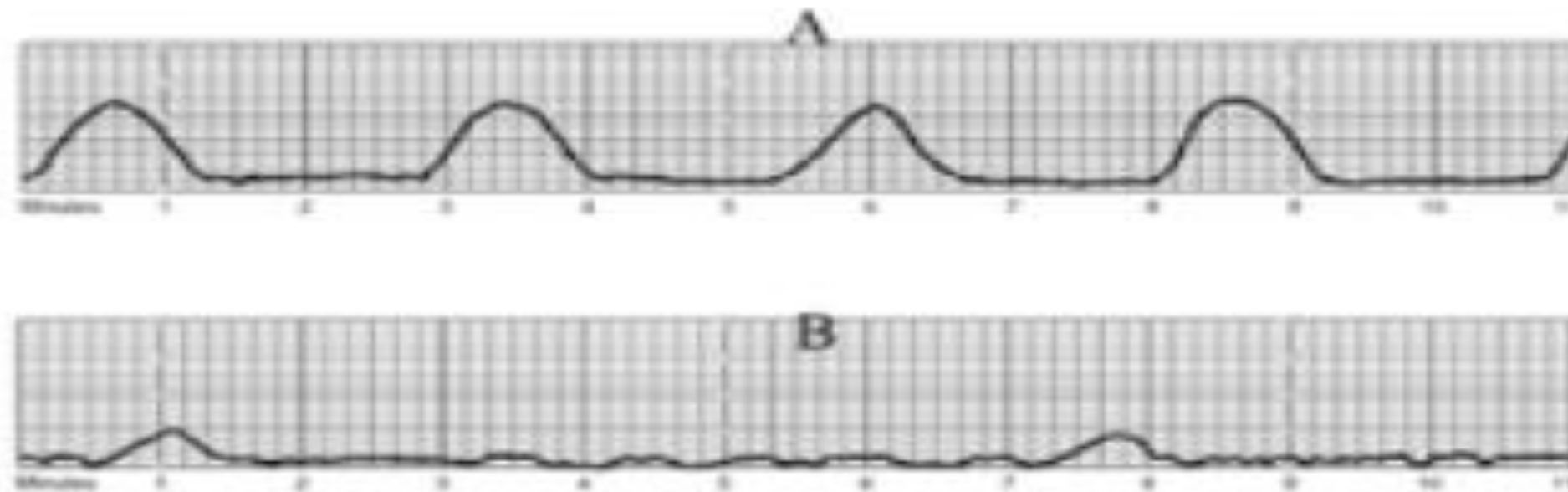




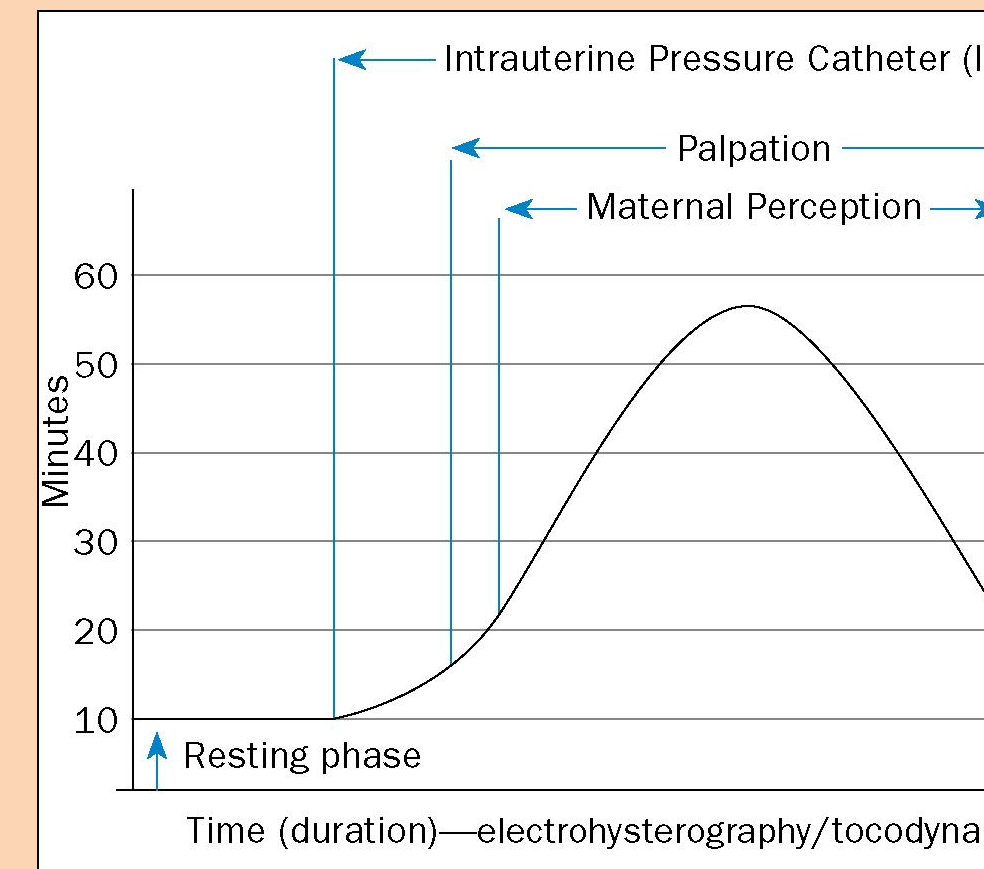
"Powers"



# "POWERS"



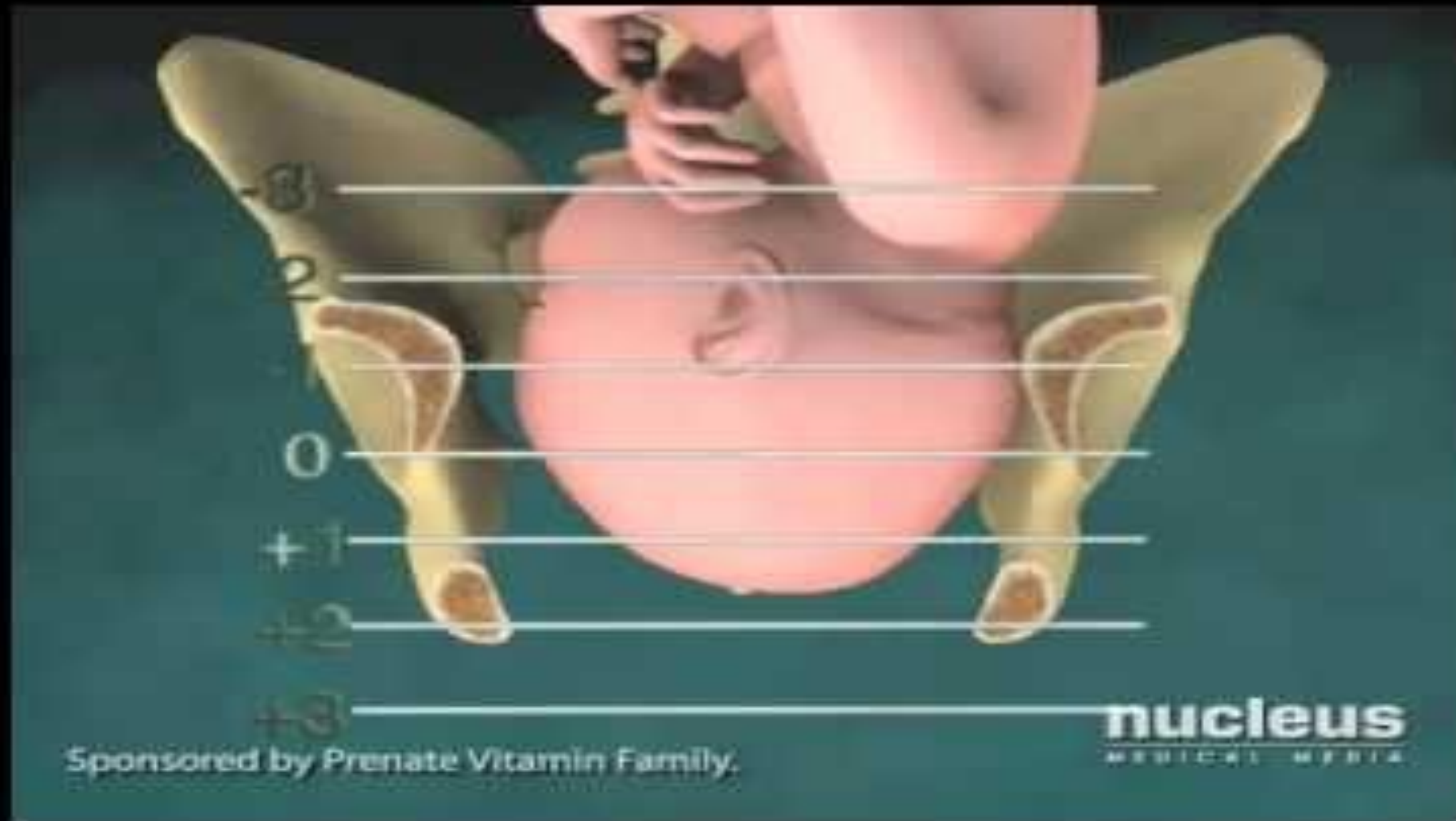
Comparison of labor patterns. A) Normal uterine contraction pattern. B) Hypotonic uterine contraction pattern..





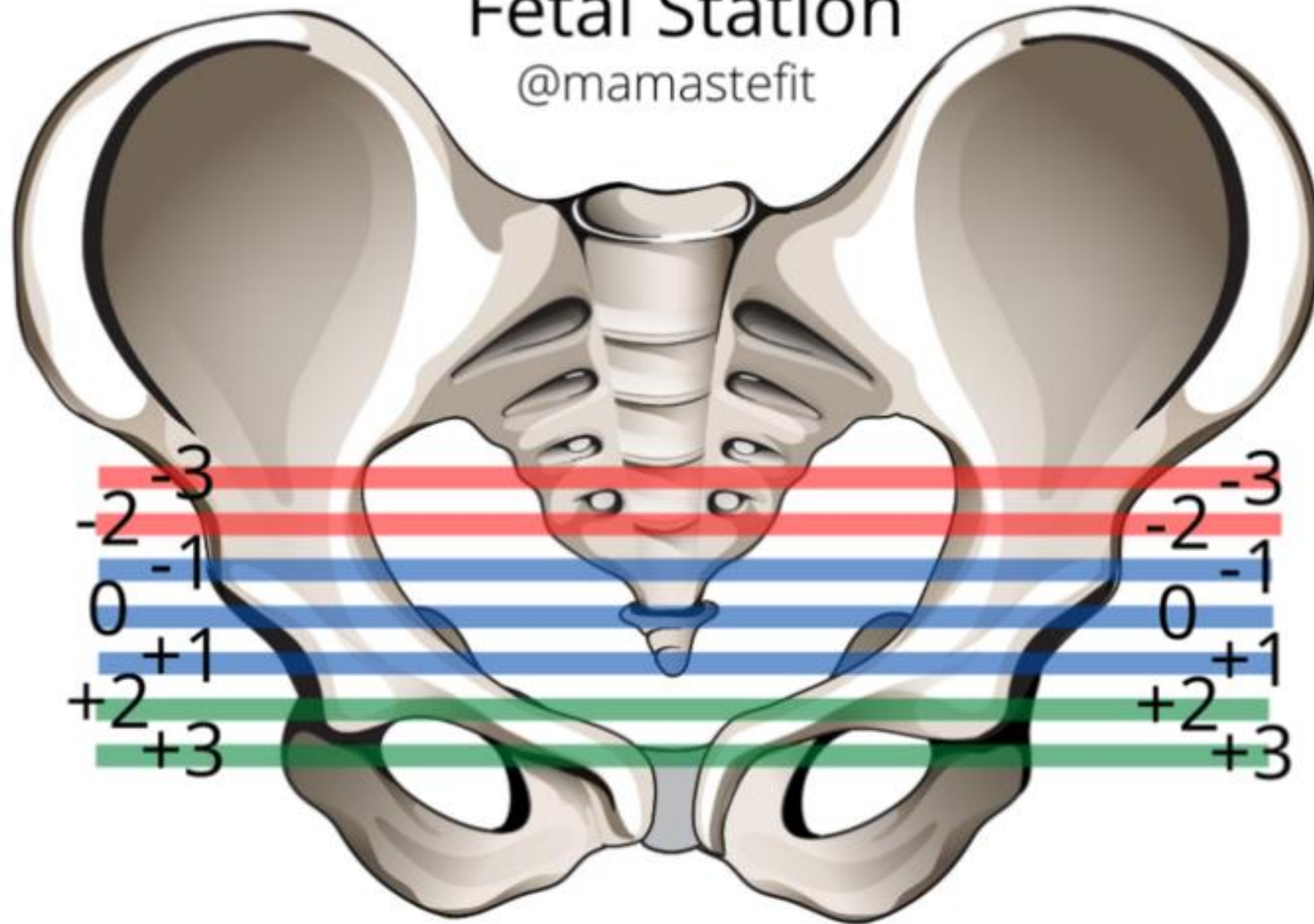
"Passage"

# Why... is knowing pelvic station important? 01



# Fetal Station

@mamastefit



Where is baby located in your pelvis?? Station can help explain how high or low baby is!

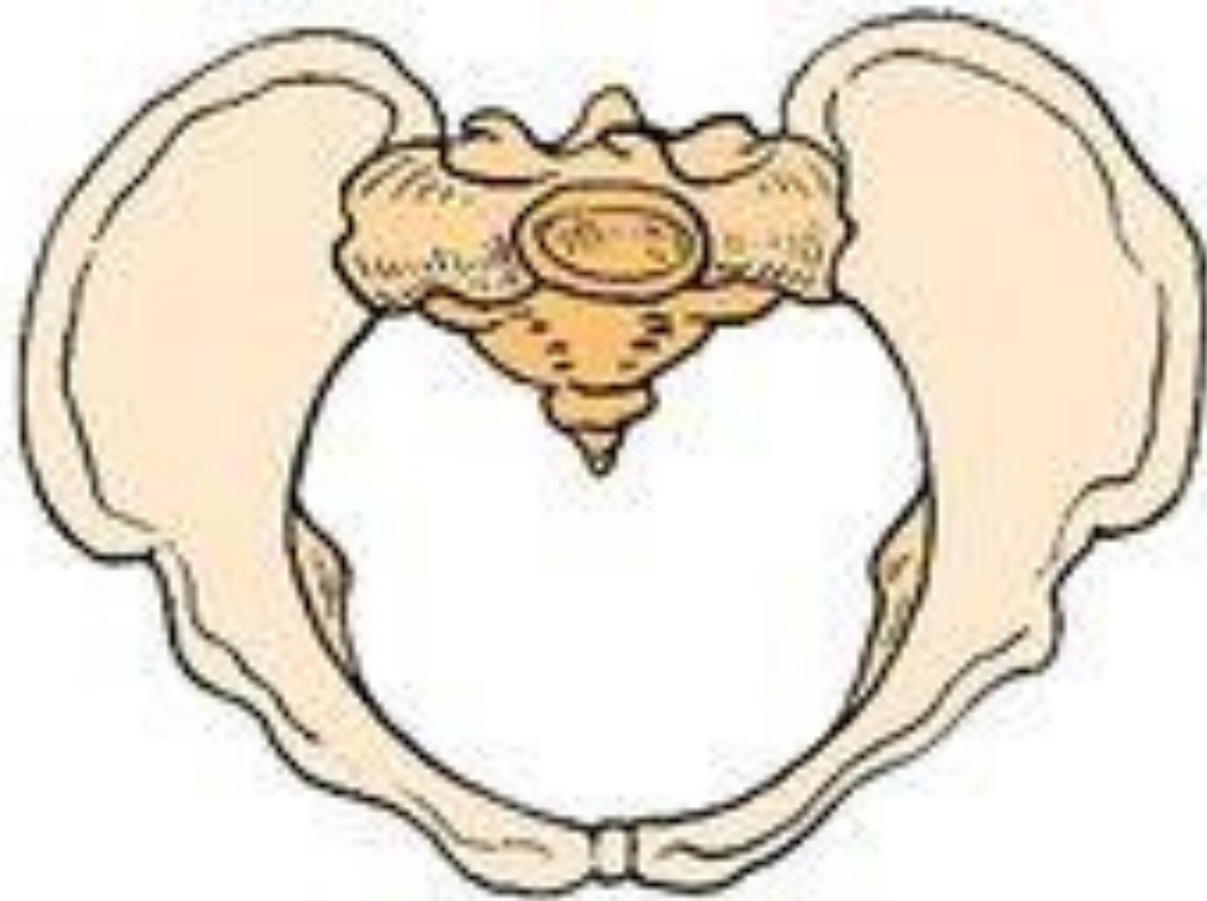
**Red lines** = focusing on opening the **inlet**

**Blue lines** = focus on opening the **midpelvis**

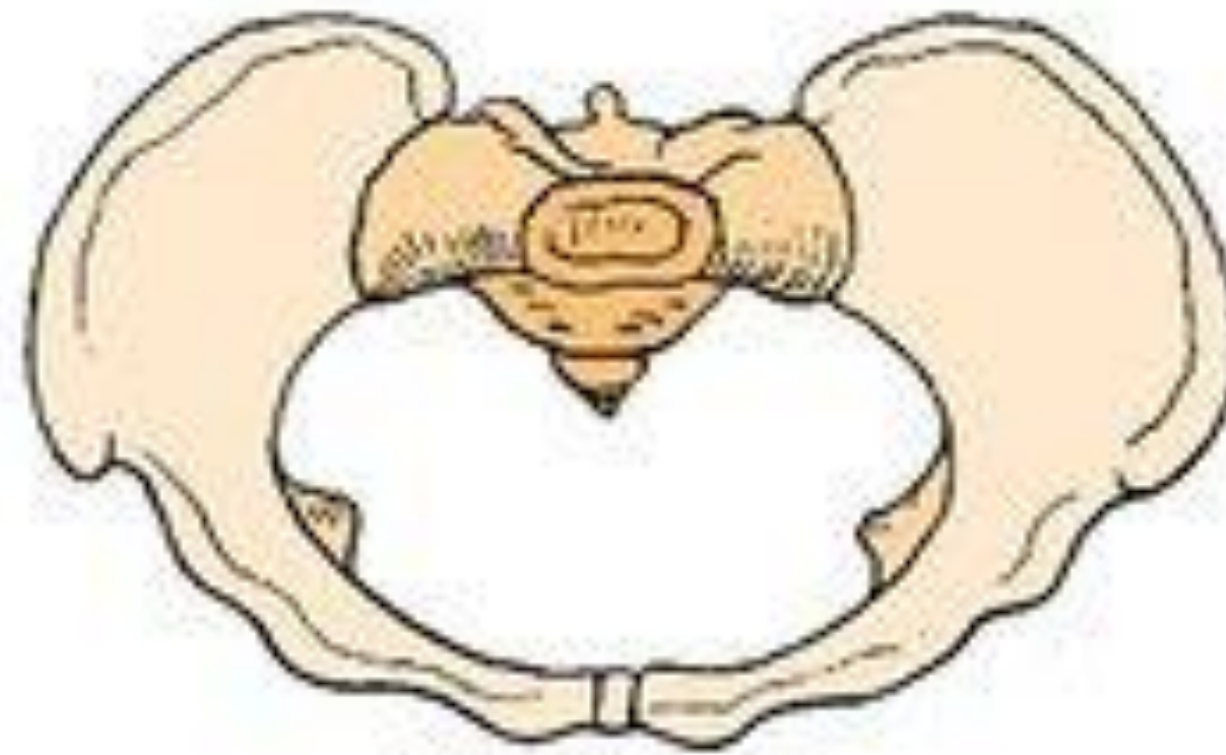
**Green lines** = focus on opening the **outlet** (time to push!)

**Fetal station is measured based off the relationship of the presenting portion of baby and the ischial spines!**

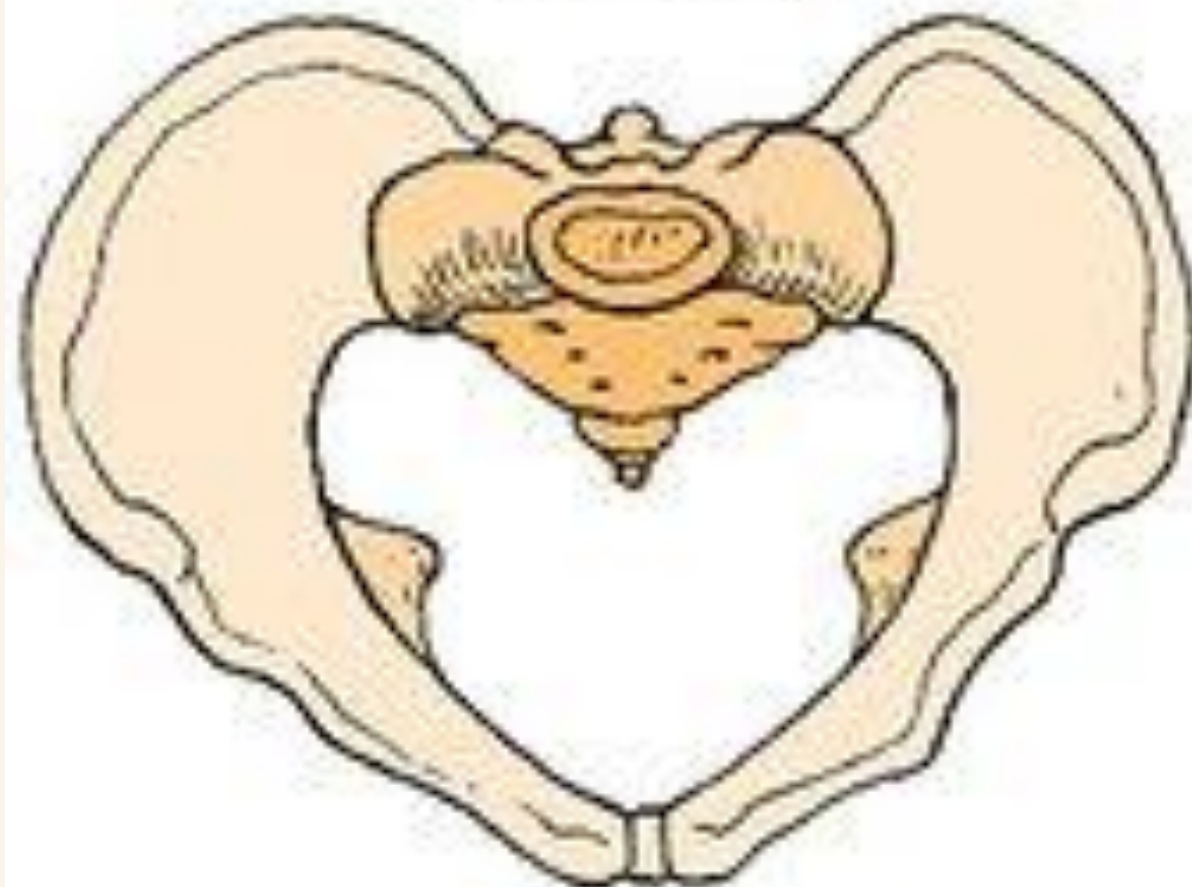




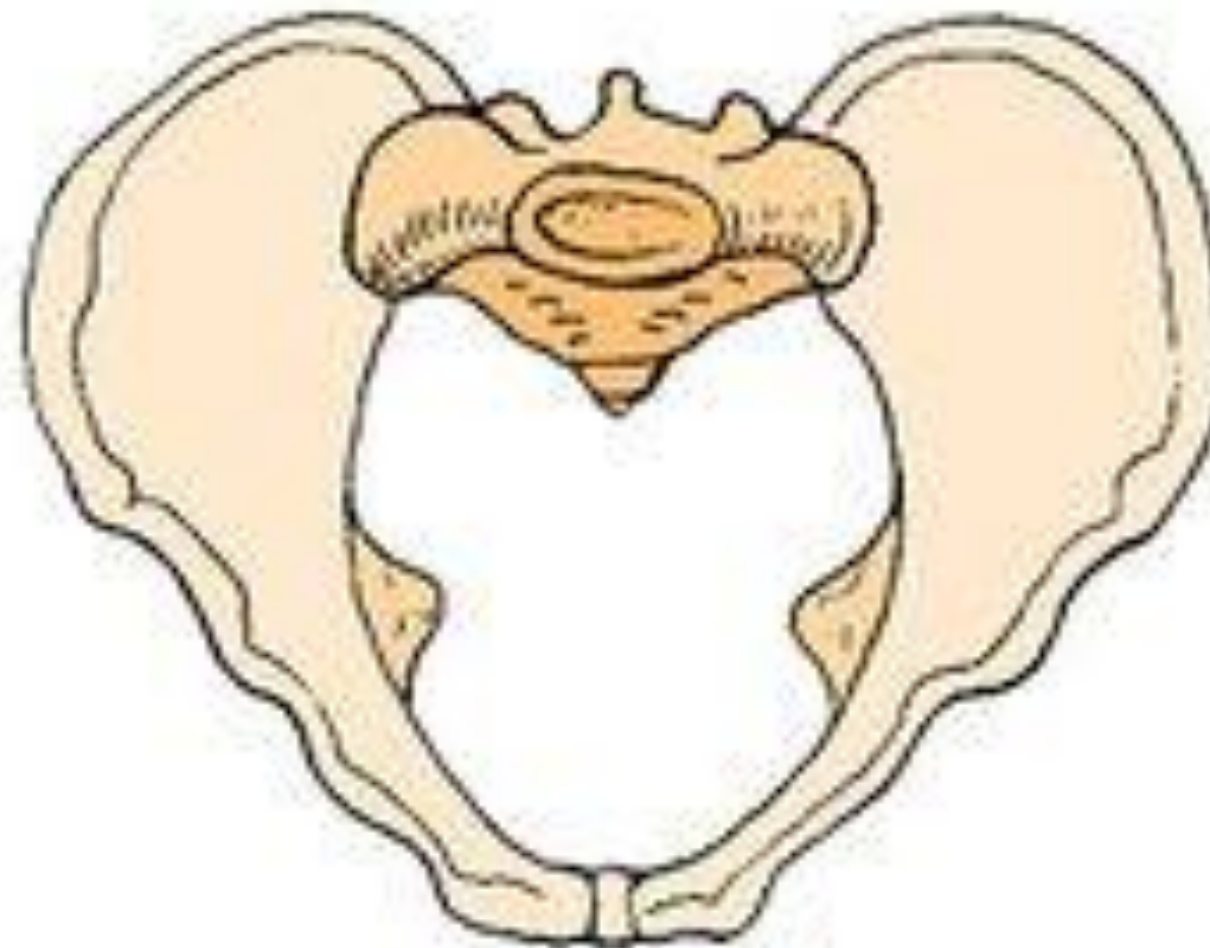
Gynecoid



Platypelloid



Android



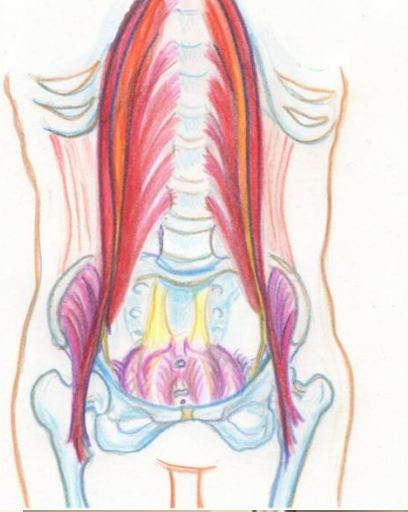
Anthropoid



# Static Stretches



# Psoas muscle release



## Use in Labor

- Prior to and throughout induction and early labor
- Prime patient
- Previous long labor
- If your patient has one side of her back/buttocks that is more tight or painful than the other. Tight muscles can have an effect of the position and descent of the baby.
- Baby's head is not well engaged in the pelvis



# Side-lying Release

- The weight of the leg gives a stretch to muscles for pelvic mobility
- Can be repeated every 4-6 hours as this is temporary stretch to the pelvic muscles

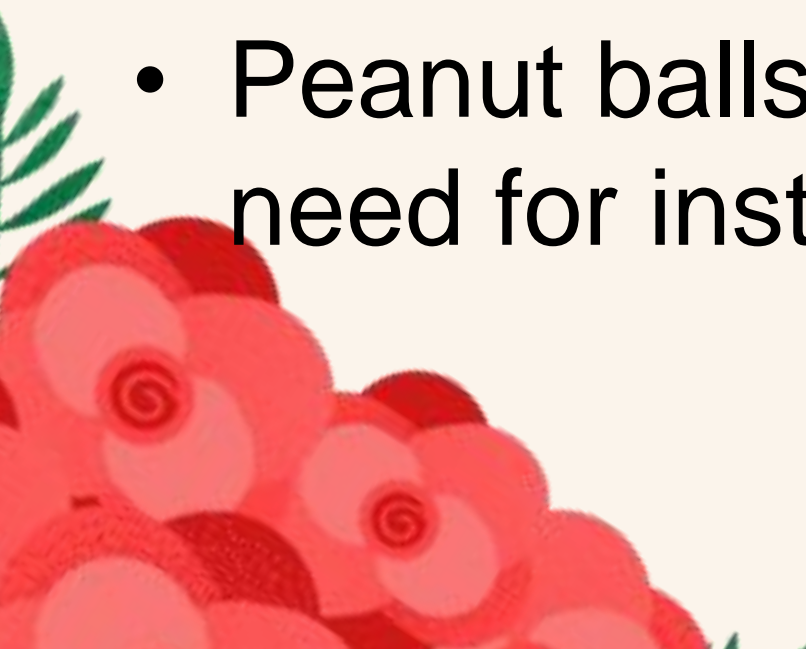

## Use in labor

- An asynclitic or OP baby
- Long labor
- Back or pelvic pain





# Peanut ball

- Consider the peanut ball your #1 labor tool!
  - Peanut balls have been shown to hasten the first stage of labor by 90 minutes on average and cut the second stage in half
  - Patients who can't move their legs can still use them without extra support.
  - They help patients dilate more quickly and help engage the fetus.
  - Peanut balls also help prevent fetal heart rate irregularities, as well as the need for instrumental birth and fetal malposition, as they relate to FTP
- 
- 



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

**What... Positions will be the most  
purposeful and when?**





# Inlet



**The Top of the Pelvis: -2 or Higher**

- If the baby is in the inlet of the pelvis, then we want to focus on creating space at the top of the pelvis to help baby engage or enter the pelvis.
- Avoid positions that have knees closer to the abdomen such as child's pose, hands and knees and squatting. These all reduce the space at the top of the pelvis.
- Movements that just “feel right” such as standing, walking or slow dancing. Having arms above the head which extends the back and lifts ribs off of the abdomen



# "Positions"

Inlet





# POSTERIOR PELVIC TILT

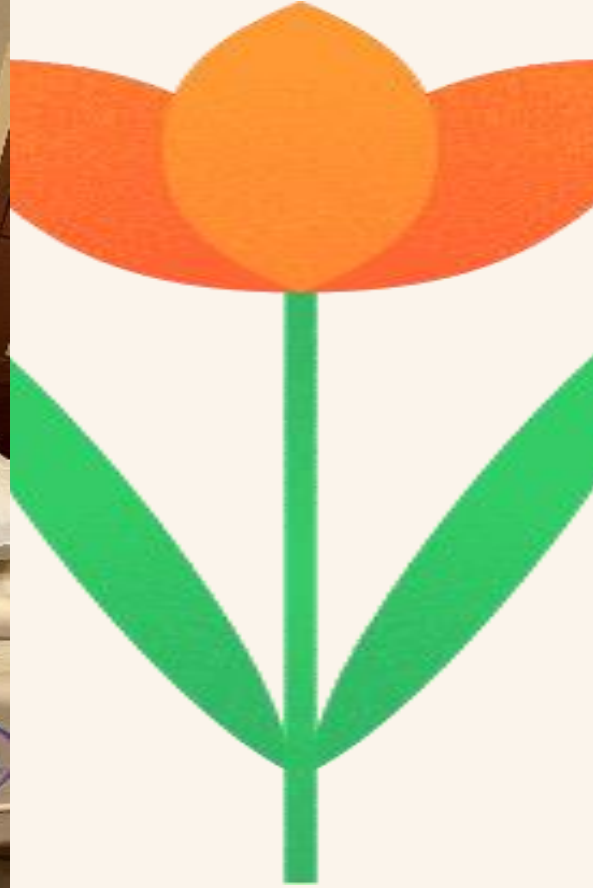
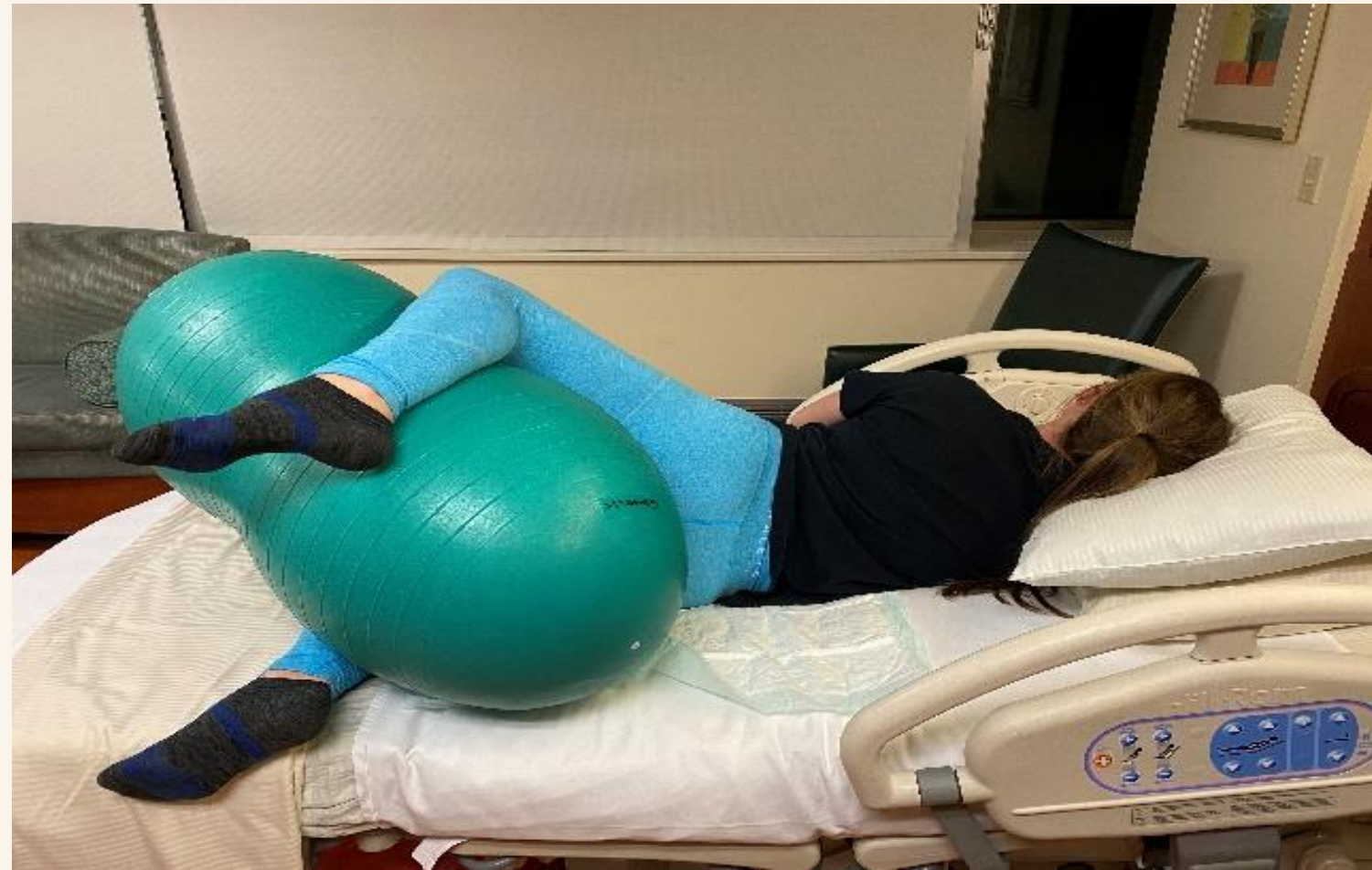
- Stand with your back against the wall.
- When a contraction begins focus on trying to flatten your lower back by tucking or tilting your pelvis.
- Try to hold during entire contraction
- Repeat posterior pelvic tuck for 10 contractions in a row, relax between contractions.

  
University College London Hospitals  
NHS Foundation Trust

## Pregnancy fitness and exercises

# Pelvic tilt



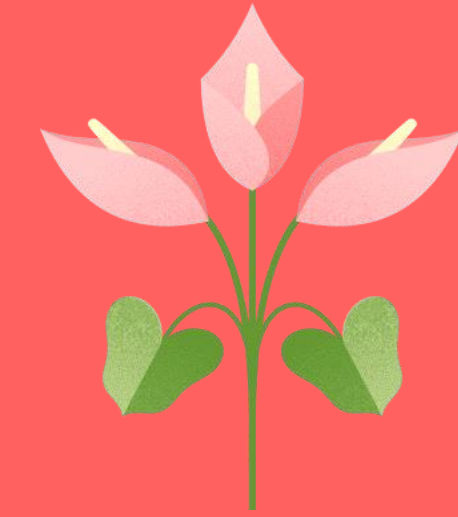
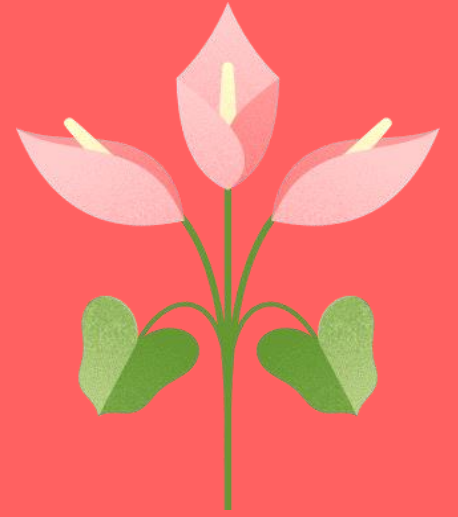
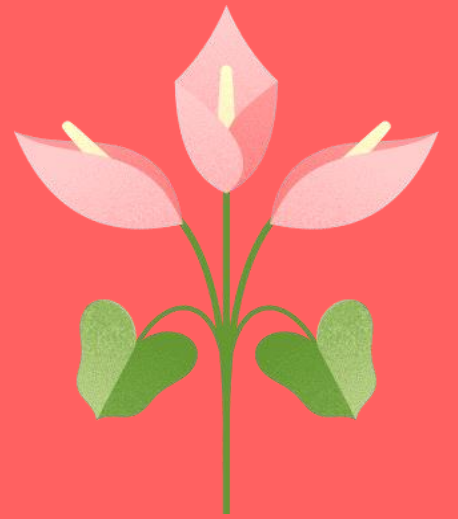


FLYING COWGIRL





WALCHERS




FROGGY WALCHERS

# Midposition/Middle of the Pelvis

-1,0,+1 station

- When the baby is in the mid-pelvis, we want to work on opening the pelvis asymmetrically.
- If baby engages in an occiput posterior position, asynclitic, or transverse position this is where “shaking the apple” is an action to jiggle the baby out of malpresentation.
- Assist the patient with side-lying release to help stretch and enlarge the pelvis.





# "Positions"

Mid-Pelvis





**STANDING SIDE-LUNGE**



"This is  
actually  
really  
comfortable!"

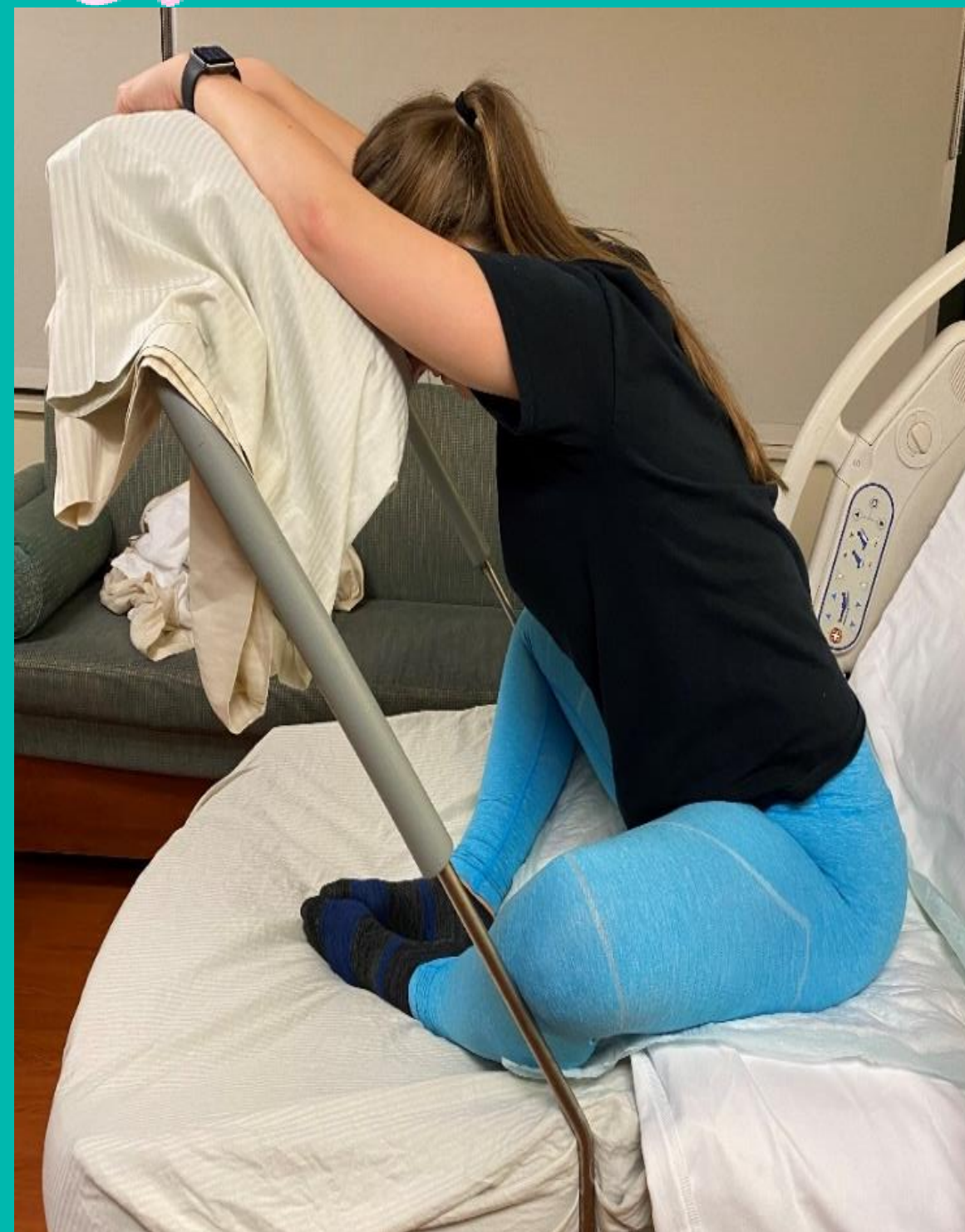
**SIDE-LYING LUNGE W/ STIRRUP**



# FIRE HYDRANT



EXAGGERATED SIMS  
W/ PB



THRONE W/ SQUAT BAR OR PB

# SHAKE THE APPLE TREE



# Outlet

+ 2 or lower

**Baby is under the pubic bone.**

**Cervix is expected to be at 10cm at  
this point**

**Still OP?**

**An OP baby can still rotate at this point. To help  
facilitate try Side-Lying release.**

[https://fb.watch/mRzx\\_x1-Kb/?mibextid=j8LeHn](https://fb.watch/mRzx_x1-Kb/?mibextid=j8LeHn)





# "Positions"

Outlet



# PB BETWEEN ANKLES



# CLOSED-KNEE PUSHING



# UPRIGHT & SIDE-LYING PUSHING





"Passenger"



# Malpresentation

## Occiput Posterior

- About 50% are in OP position when labor begins. Most will rotate out of this position in labor.
- ROP is the most common of the 4 posterior positions
- Labor is longer and stronger but less rhythmic.
- Labor strength picks up quickly but dilation may be slow.
- Back labor
- Longer second stage
- More likely to tear
- More likely for an instrumented assisted vaginal delivery
- More likely to need a C/S



# Malpresentation

## Asynclitic

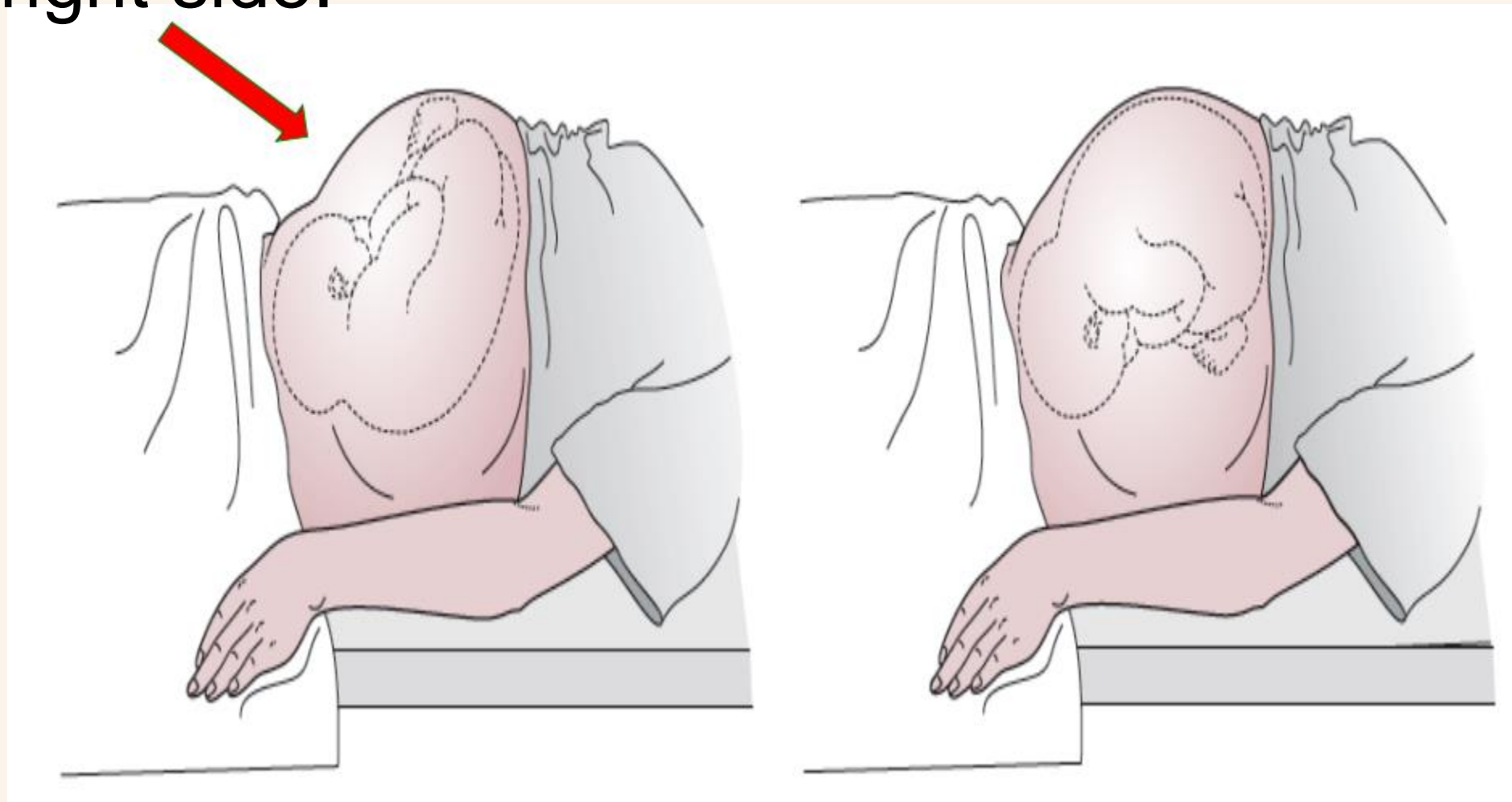
- In early labor, this is normal and the baby's head is closer to the front of the mother. Space is felt between baby's head and mother's sacrum.
- Cervix is thicker on one side, thinner on the other.
- Labor is longer
- Fast progress to the transition stage but slow progress to 10cm.
- Pain felt mostly on one side/hip
- Longer second stage of labor
- Caput is felt



# Malpresentation

Easy and simple ways to determine if baby is in OP position??

- Flat area or “dip” in maternal lower abdomen
- Fetal heart tones are found at either the extreme maternal lower left or right side.



# Malpresentation

## Purposeful Positioning



### Labor Positioning Techniques

- Get on all fours-use peanut ball, pillows, lean over and totally relax. Hip circles, cat/cow.
- Psoas Release
- Dip the Hip
- Lunges
- Posterior pelvic tilt
- Side-lying Release

### Pushing Techniques

- Squatting
- Forward leaning positions
- Hands and Knees
- Exaggerated Lithotomy



# Malpresentation

## Purposeful Positioning



**DIP  
THE  
HIP**

by: Deb Lawrence

**Try THIS Move to Turn  
a Posterior Baby**

**How..... Can I support my patient in <sup>03</sup>  
other ways?**



# Alternative Therapies

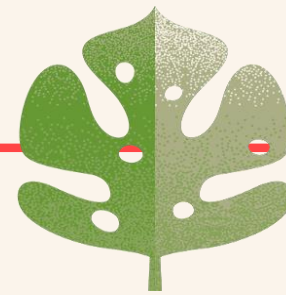
**Aromatherapy**



**Massage**



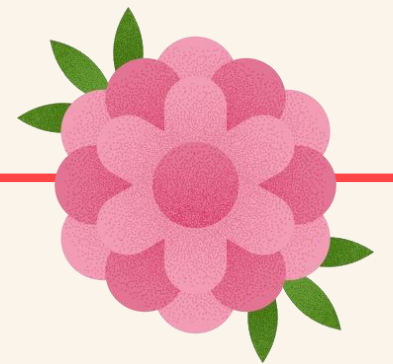
**Hydrotherapy**



**Breathing**



**Affirmations**



# Aromatherapy

**Aroma**= a noticeable, often pleasant smell

**Therapy**= from the Greek therapeia "healing;" to minister to.

**Clinical Aromatherapy**: "The art and science of utilizing naturally extracted aromatic essences from plants to balance, harmonize, and promote the health of body, mind, and spirit." (NAHA, 2022)

**Essential Oils**: Concentrated extracts taken from the roots, leaves, seeds, or blossoms of plants. The chemistry of the essential oil determines its therapeutic properties.

**Carrier Oil**: Used to blend essential oils for topical use





# Aromatherapy



Essential oils have been shown to decrease anxiety in labor and decrease the perception of pain in labor.

**Bergamot**- Calming/relaxing, insomnia, and appetite stimulant

**Clary Sage**- Calming/relaxation, achy muscles, cramps, shortness of breath, digestive symptoms

**Eucalyptus**- Calming/relaxation, headache, achy muscles, shortness of breath, digestive issues

**Frankincense**- Calming/relaxation

**Geranium**- Calming/relaxation, cramps

**Ginger**- Headache, achy muscles, digestive symptoms, nausea/vomiting

**Grapefruit**- Appetite suppression

**Lavender**- Calming/relaxation, headache, achy muscles, cramps, insomnia, digestive symptoms, nausea/vomiting

**Mandarin**- Calming/relaxation, insomnia, digestive symptoms

**Peppermint**- Headache, digestive symptoms, nausea/vomiting

**Marjoram**- Calming/relaxation, headache, achy muscles, digestive symptoms





# Methods

## Skin/Topical:

**Certain oils cause irritation if used in too high of concentration.**

**Always dilute**

**Carrier oils: Almond oil, Avocado, Grapeseed, Olive**

## Inhalation:

**Diffuse in well ventilated area.**

**Safest and fastest**

## Internal/Oral:

**Peak effect occurs at 30 minutes after smelling oil.**

**By 60 minutes the effect on pain and anxiety perception appears to decrease**



- Elderly (age 65 and older) start with 1% dilution and may go up to 3% as tolerated.
- 1% dilution in 1<sup>st</sup> and 2<sup>nd</sup> trimesters of pregnancy.
- 2% dilution during the 3rd trimester or during labor.

1 drops of essential oil(.05ml) to 5 ml carrier oil= 1% concentration.

Dilution %	# of Drops in 10mL Carrier	# of drops in 15mL Carrier	# of drops in 30 mL Carrier
1%	2	3	6
1.5 %	3	4	9
2%	4	6	12
3%	6	9	18



# Massage

Pair this with aromatherapy  
for best results!

How does massage work to relieve pain during labor?

- Gate Control Theory
- Diffuse Noxious Inhibitory Control Method

Where is she holding tension?

Shoulder

Back

Hand or foot massage

Effleurage or light touch-abdomen during a contraction



# Counterpressure & Hip squeeze

## Sacral Counterpressure



## Hip Squeeze



**How do these techniques help?**





# Hydrotherapy

Known to help with pain relief, discomfort, anxiety, & tension

## Bath

- Bathing in warm water is a great way to relax and increase your tolerance to pain. Benefits are greatest if you wait until labor is more intense and when contractions are closer together.
- Can help shorten the first stage of labor by relaxing pelvic floor muscle to promote descent and dilation.
- The hydrostatic pressure of the water relieves some of the discomforts of the contractions

## Shower

- Have her sit on a stool forwards or backwards (great for back pain) and direct a hand-held shower head on wherever they are feeling pain such as the low back or abdomen.
- The warmth and stimulation reduce the awareness of pain.

## **Consider using heating pads or ice packs for pain relief**

- Water heating pads to help with pain in low back or abdomen.
- Warm compresses pressed against the perineum while pushing may decrease tearing and provide comfort
- Apply an ice pack to a small painful area
- Cool, damp washcloths on sweating brow, face, chest, or the back of the neck.
- A cold compress on perineum after birth reduces pain and swelling.

# Breathing

1. **Yoga breath (Bradley)**— slow everything down. Should be distracting so that you have to think about how to breath. **In (through your nose)---two, three. Out—two, three.**
2. **Distraction breath (Lamaze)**—this type of breathing feels unnatural. Use when things are getting more intense. Short and quick and you have to think about what your doing. **Quick in- in. Out—ha ha or shh shh.**
3. **Abdominal breath**— Use when close to 10 cm, with laboring down, or with pushing. This creates intraabdominal pressure on the pelvic floor, to soften pelvic floor which actually breathes the baby down. Slowly creates pressure on cervix and pelvic floor. **Breathe in and fill lungs, feel your belly come out and as you exhale, keep your belly out.**

# Affirmations

## Definition

Sayings or statements designed to change the mindset and help maintain a positive outlook or mood regarding the birth process.

## Purpose

Designed so that the person giving birth can repeat it to alleviate fear, increase confidence, and maintain a sense of calm.

## How They're Used

Consider choosing affirmations that don't focus on the type of birth but the ability to manage and cope no matter the outcome.

## Benefits

Studies show this has benefits for both mom and baby.



**Early Labor**

**2<sup>nd</sup>  
Stage**

**Active Labor**

**When  
Plans  
Change**



## Early Labor

- I can do this because I am doing it
- My body knows just what to do and I trust it
- My body is capable and strong
- One at a time
- Every contraction brings me closer to holding my baby
- I am relaxed and happy that my baby is finally coming.

## Active Labor


- There is nothing to fear.
- Change makes change.
- I look for the breaks and sink into them.
- Just because this is hard does not mean its impossible. I can do this.
- I am safe
- I am created to do this.
- I can do anything for 60 seconds.

## 2<sup>nd</sup> Stage

- I am strong and can get this baby out.
- I am proud of my choices and I can do this.
- Baby is going to be here very soon.
- I can, I will, I am.
- I am ready to meet my baby.

## When Plans Change



- I will heal
  - It gets better from here
  - Let go and be present
  - I am enough. I did enough.
  - Our start does not determine our future.
  - My baby feels love even when I am hurting.
  - I make this choice out of love for myself and my baby.
- 

# Resource Page

2019). Approaches to Limit Intervention During Labor and Birth. *ACOG Committee Opinion No. 766*.

(2018). AWHONN ACOG Approaches to Limit Intervention During Labor and Birth. *JOGNN*, 47(1), 73-74

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