Body Skills

Body Positions

Pink Kit Method®

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Published by Common Knowledge Trust
P.O. Box 892
Nelson, New Zealand
www.commonknowledgetrust.com

Editor: Kayla D. Rau

ISBN 978-1-927144-05-3

Birthing Better with The Pink Kit Method®
www.birthingbetter.com

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The information in Birthing Better with The Pink Kit Method® is not intended to be used for the diagnosis, treatment, or prescription for any medical disorder. Please consult with your medical care provider before beginning this program.

Body Positions

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Location, Location, Location

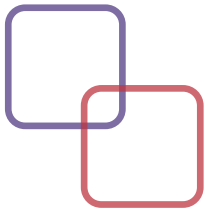
NOTE: Read this resource ONLY after going through "Soft Pelvis" and "Bony Structure." It's essential for you to know your pelvic map before you can really experiment with which positions keep your pelvis most open and soft. Use this text to supplement the "Body Positions" section on your DVD.

We've all heard how VERY important location is—of course, we normally think about property when we think about location, but now you have to think outside the box and inside your body.

There is no doubt that "women's issues" are some of the most hidden topics within most families and society. Sure, you can watch birth videos on cable TV which even show a woman's crotch as her baby is emerging. But rarely do they ever show the hours of labor. In fact, it appears from all the messages that the "activity" is "the birth" and not what precedes it.

What really precedes all births is pregnancy, and, for many women, the labor then follows. Both of these are the real time-invested activities. "The birth" takes far less time than labor, and labor takes far less time than pregnancy. The birth is also connected with the least amount of discomfort and the greatest amount of relief, even in Caesareans. But just as we often wave aside the real activities of pregnancy and labor, we often neglect the very real factor of body positions during the activity of labor.

Pretty much everyone involved in birth knows there are head-down babies or butt- or feet-down babies. Rarely does a baby lay sideways. What does this mean to you? From a Birthing Better Pink Kit perspective…absolutely nothing! You are pregnant to "have" a baby, not to "have" a breech baby or a posterior one, or even a vaginal birth or a surgical one, or even to "have" a hospital or home birth or a natural or medical one. You are "having" a baby. That means you can totally enjoy taking a skills-based approach to your pregnancy and your baby's birth.



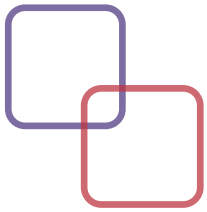
Being skilled is not about outcomes; it's about how you invest your time and what you do as time passes. Regardless of what position your baby is in, now is the time for you and your birth partner to become skilled parents and commit to working with your baby's efforts to be born, no matter what or how.

Does Position Matter?

The significance of babies' positions has seen a huge upswing in recent childbirth history. Starting in the 1970s, people suddenly started paying a lot of attention to whether a head-down baby was anterior (back to your belly) or posterior (back to your back). Then, in the 1980s, you started to hear people talk about posterior labors being longer and women having more back labor. This began the slippery slope of seeing posterior babies as being a "problem" that required intervention. In fact, by 2000, most pregnant women with a baby in a breech position were being advised to have a Caesarean.

In today's view of childbirth, the position of your baby is still considered VERY important, and often your Birth Plans will be impacted by how you and your birth professional interpret your baby's position. For example, if your baby is breech, you are likely to be encouraged to use medical intervention without a trial of labor. This is a choice you and your birth partner make. But then there is the real possibility the position of your baby has been assessed incorrectly!

In reality, it does not matter what position your baby is in as long as the position allows it to come out. Your birth provider might disagree, and fear definitely plays a huge role in the decisions you'll make. If you're told your baby might be injured or die if it delivers vaginally, this can send most parents into the position, "I'll do anything to save my baby." Birthing Better with The Pink Kit Method® will never try in any way to influence you about the choices you make on behalf of your baby. We do want to influence you to become skilled during pregnancy so that skills become what you use during any decisions you make. This means there are two factors: choice and skills.



Yes, your baby's position matters, but your commitment to being skilled and using skills during the time it takes to move from pregnancy through "the birth" matters much more! Giving birth is not so much about what "happens" as what you do during the time the birthing process is happening. Giving birth (your viewpoint) or being born (your baby's viewpoint) is all about your relationship. Your memories should be of your skills-based approach to this life-transforming activity. So, from a Birthing Better Pink Kit viewpoint, prepare your body, learn birth and coaching skills, and commit to using them even if the birthing process changes.

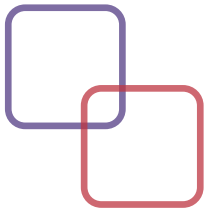
Increase chance for vaginal birth

When Birthing Better with the Pink Kit Method® started evolving during the 1970s, the Birth Stories of women who had back labor, previous Caesareans, or "failure to progress" births were the basis of many of the body skills resources. Those Birth Stories told us about the impacts of both our baby's position and the positions we got into during labor and delivery.

What we found was both simple and complex. In order for a baby to be born vaginally, everything is about the position/location your baby assumes within your body and how you can make certain your body is as open as possible. This means you have to pay attention to how your body's positions/locations affect your baby's position and efforts to come down, through, and out!

We can't always do something about the position of our baby. Some babies, because of the shape of the uterus or the woman's pelvis, just get into some position other than head down or back to belly. That's the way it is. But there is NO doubt that, if your baby can get out of your body without much difficulty, it does not matter what position it assumes. You might not be able to influence your baby's position during pregnancy, but learning to open your body and assume positions that keep your body open, mobile, and soft inside have a HUGE impact on your ability to let your baby out.

Your Birthing Better Pink Kit skills are designed to help you get your baby out of your body; it is entirely up to you to do the work. You can assume that your baby



will assume what is perceived as the "ideal position," or be terrified it won't, or you can be realistic and work with your body so that, whatever position your baby is in, you will know how to get into the best positions to help it travel through your body.

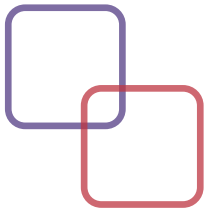
Decrease chance of emergency Caesarean

Another thing we learned in the 1970s was that there is a difference between "standard of care" assessments, monitoring, and procedures; medical interventions to "reduce suffering"; and interventions to "get the labor over with." This is something we discuss in "The Whys and Hows of Pain": medical interventions (not standard-of-care assessments, etc.) sometimes occur out of a desire to prevent women from suffering due to the naturally occurring pain of labor and to limit the fatigue of both mothers and babies.

Most Birthing Better Pink Kit families realized we didn't know how to manage the naturally occurring labor pains. If the pain wasn't too intense, we coped fine, and, after the birth, people thought we had had a good birth, an easy birth, or lucky one. However, if the pain was intense and we didn't cope well, our behavior conveyed that to our partners and care providers. We indicated we "suffered," which had made many of us, without intent, partly or wholly responsible for some of the interventions we experienced. One major cause of our "Negative Birthing Behaviors" was our lack of understanding of how our positions impacted our baby's descent through our birthing body.

What you'll learn in the DVD is that the wall charts of positions are misleading. You absolutely must know what positions keep YOU open! And you absolutely must understand how your positions impact your baby's relationship to your body. Perhaps stop right now and watch those sections.

As the skills evolved, we replaced negative behavior with discipline, willpower, and the right skills to behave our way through the experience—even if we didn't like one moment of it. We could say things like, "It hurts and I don't like it," but if we said "I want something for the pain," we got it. If we didn't want pain relief or intervention,



we said "No" and made certain that our behavior indicated to everyone that we were coping okay. By using skills to improve how we handled this activity, we reduced the number of emergency surgical births, with the exception of the ones that we personally knew at the time were necessary because our baby or our own wellbeing was truly at risk.

Do your best to make certain that an emergency Caesarean doesn't happen because you've been slack, held back by wishful thinking or ostrich behavior. If you want a labor and vaginal birth, you want to do everything possible to prevent a preventable surgical delivery. It's vitally important that you increase your level of skills, body knowledge, and the application of them so that your baby's wellbeing is enhanced.

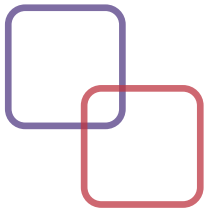
Planned Caesarean

If you are planning a non-laboring surgical birth or one becomes inevitable, you still have the precious and special time during pregnancy to grow your own set of birthing skills and use them. After all, your baby's birth is just that, your baby's birth. This means you can truly be involved in that journey as a skilled mother and father/other.

For those who feel pressured to have a non-laboring Cesarean, many of us learned these things:

- Yes, some babies do die in birth, but most don't.
- Yes, some mothers die in childbirth, but most don't.
- Yes, some births are very difficult, but most are within a manageable range.
- If we really, really, really wanted a vaginal birth at any cost, we could go out to the desert or the woods and give birth.

Whatever the reason for your planned Caesarean—the position of your baby or some other cause, whether you want it or not—your job is to finish your mourning over the loss of a labor and get on with enjoying your pregnancy and taking your skills into the surgery and recovery!



Instead of wasting too much time on feeling angry at everyone, including your baby, yourself, your doctor, midwife, or partner, just make a decision whether you will accept modern maternity care—and if you believe it is "safer, best, no choice," or whatever, totally become part of this experience. If you don't accept modern maternity care, stay away and do the birth on your own. You are not a prisoner in this system. You might feel pressured by everyone, but if you feel that you can birth vaginally, find others like yourself who support your efforts, become skilled to reduce or prevent potential birthing delays, and accept responsibility for the outcome whether you have a non-laboring Caesarean or not.

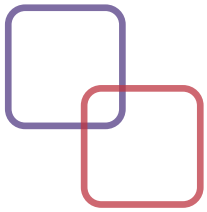
Having a Caesarean won't be the only time you do things about your health or the health of your child that you might not want. But staying open, imagining in your head that you are getting into different positions that help your baby be born, softening inside, and working with your baby at every single moment of its journey out of your body into your arms is just as possible for you as for a woman having a labor.

Achieving a VBAC

Keep in mind there was a change in the 1980s from "Once a Caesarean, always a Caesarean" to encouragement toward a subsequent vaginal "trial of labor." Then, in the late 1990s, there was a swing back to "There's less chance of a complication from a planned Caesarean than an emergency." 2009 saw another swing to support a trial of labor, due to the extraordinarily high rates of surgical births. If you truly want a vaginal birth after a Caesarean, you absolutely must know how to align the positions of your body so that your baby can move down, through, and out.

Here's an incredibly confusing example of positions gone wrong. In a recent study on childbirth, researchers noted that the most "common type of pain relief used was positional change." Gee, that sounds good, but let's think this through in reality.

So many Birth Stories actually include this idea. Women say, "Labor pains were SO intense, so I changed position and they backed off." Sounds great, but those stories



were then often connected to long, tiring labors that ended up with lots of interventions. In other words, why would any woman change from a position that her baby likes—which is reflected in the progressing and effective contractions—to one that makes contractions less painful and less effective?

We do these things because we don't know better. We lack skills! Effective contractions that follow a bell-shaped curve can be very, very intense. These tell us our baby is not restricted by our internal tension, or having its passage bent or constricted.

We do not want to use positions as "pain relief." We want to use them to encourage effective contractions. So choosing and finding positions that increased the effectiveness of our baby's efforts to come down, through, and out became our goal. We felt safe and comfortable to do so because we had the skills to cope, and our partner had the skills to really help us manage the intensity of effective birthing.

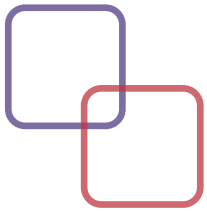
Your Baby's Position

Your baby's position can impact

- your Birth Plans.
- the maternity care you receive and/or are encouraged to accept.
- the choices you'll have for the birth.
- how fast or slow your labor is.
- how easily your baby fits through your body.

Your baby will most likely get into their birth position a few weeks before labor starts; some do this sooner, some not until labor actually begins. If your baby is constantly moving from one position to another, just keep learning your Pink Kit skills and preparing your body for whatever position your baby settles into.

Are babies hard to find? Yes and no. Our tendency is to think they are hard to find if we can't feel their legs, arms, back, and head easily. But as your baby grows bigger,



particularly in the last month or so, all the parts become clearer, or at least your baby's head and back will. That being said, you need to invest real time in figuring out your baby's position—sometimes, even the most experienced birth provider gets it wrong, just as some ultrasounds convince you that you're having a X and you have a Y. Learning how to check yourself in the *Internal Work* has been the primary way most of us confirm if our baby's head is down. Heads are hard. Butts are soft.

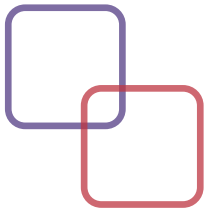
Here are a number of positions that your baby can adopt before birth. Spend time feeling your baby regularly in the last six weeks of pregnancy so you know how your baby is interacting with your body and within its container. The terms below are medical terms, so ask your birth provider if you need more assistance in getting to know your baby's position.

Occiput Anterior

The vast majority of babies enter the bony pelvis on a diagonal, which allows the most room for their head. Go to the DVD and see that the inside shape of your bony pelvis accommodates this diagonal alignment. The most common position is where the baby's back is to the left or right side of the mother's belly. This is referred to as occiput anterior. ("Occiput" refers to the back of the baby's head, "anterior" to the front of the mother's body.)

By the time you are eight or nine months pregnant, if your baby is occiput anterior, you should be able to feel the expanse of his back toward one side of your belly. This will feel like your upper arm. You'll feel the kicks under your ribs on the opposite side of the baby's back. Above your pubic bone, you will feel either the baby's head or, if he has moved into your pelvis, his shoulder. Your baby's head is hard and round. If his head has already moved into your pelvic tube, you will be able to feel the head from checking inside (*Internal Work* CD).

One great way to come to grips with your baby's position is to imitate it. Get down on the floor, curl up, and put your parts in the same places where you feel your



baby's parts. This is best done by your birth coach partner. With a big belly, it's asking too much for the woman to do it.

Who knows why most babies enter the world head-down? If you think about other mammals, 99.9% stand on four feet, but mammal babies mostly birth headfirst. We walk on two feet, but still our babies mostly arrive headfirst. In the last century, there was a Dutch midwife who thought that was abnormal, so, once a woman fully dilated, she went inside the uterus and turned the baby so it would come feet first! Perhaps the hardest, biggest part is the best to come out first. Perhaps the ability to breathe mandates a headfirst delivery.

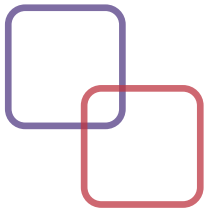
Occiput Posterior

If your baby is occiput posterior, you will not feel the expanse of the baby's back at your belly; instead, you'll feel lots of little parts that are his arms and legs. Kicking is often felt on both sides of the upper belly.

Once again, get down on the floor or on your bed and imitate your baby's position. If nothing else, you're in for a good laugh.

An occiput posterior birth may be associated with a longer labor, but not always. If your baby fits comfortably through your pelvis, your labor will progress.

The reason that a birth might be longer with the baby's back to the woman's back has to do with his inability to flex his head as well as a baby that is in an anterior position. Keep in mind that the hole in your pelvis is a tube. It is obviously easier for a smaller object to come through a tube than a larger one. So how does your baby make himself smaller? He drops his chin to his chest (flexion). That's what can happen when the baby is facing the woman's back. As the baby comes into the hole in the pelvis, this encourages the baby to drop his chin, thus making the smallest diameter around his head.



When the baby faces the woman's belly, though, he is up against the curve of the woman's spine, which isn't the same as the inside of her belly. This causes the baby's back to remain straighter, which does not encourage him to drop his chin as deeply; therefore, the diameter of the baby's head is bigger than if tucked.

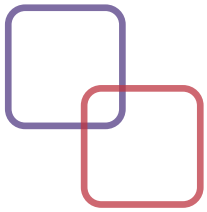
You can experience this yourself by curling into a ball. It is quite easy to put your chin to your chest when you are curled, but if you lie with your back straighter you will find that your head doesn't want to stay tucked. This is what your baby experiences when it's posterior.

Something else often gets added to the equation when the baby's back is toward the woman's back. Because the back of the head is toward the spine where the nerves run down, there is often pressure on those nerves and on the sacrum, which illicit the nagging, unrelenting pain known as "back labor."

A bigger diameter can still fit through an ample pelvic hole, though. That's why it's so important that you map your pelvis (see "Bony Structure"). By doing so, you will know the shape of your hole so you know more about the relationship between your baby and your pelvis. Knowing this relationship will help you understand the sensations you'll experience in labor and the progression of labor. Birthing Better Pink Kit families who knew their baby would be a tight fit just worked through a slower labor without concerns.

One woman put it this way. Her first birth was a long posterior labor. The contractions gave her lots of time between, but she had a nagging back labor. In fact, she never felt the contractions in her uterus at all, only an increase in back pain. She had a friend who had given birth and had only experienced uterine pain. They debated which was worse.

When she gave birth to her next child, the pain was entirely in her uterus and the stretching of her cervix. The contractions gave her little space between. Her friend was present at that birth, and, after one contraction, she said to her friend, "*Uterine labor is much more intense*."



This does not minimize the nagging intensity of back labor, though. But Birthing Better Pink Kit families definitely report they are able to cope better and work more closely with their posterior-positioned baby because they have the skills to do so.

Breech

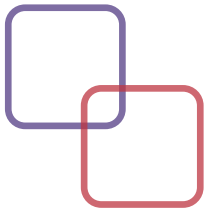
Less commonly, a baby can lie with his head up and bum or feet down—this is called a breech position. You might be able to feel his head under your ribs. If you are not certain if your baby has assumed this position, spend time with your care provider, who will usually help you to work out how your baby is lying.

If your baby is breech, you might strongly be encouraged to have an elective surgical delivery, or you might decide to have a vaginal birth anyway. Even if you have an elective surgical birth, your baby is still being born! Remember what we said before: don't let a Caesarean stop you from helping your baby by what you can do throughout the process. You are pregnant right now! It is during this pregnancy that you need to learn birth skills so that, whatever birth unfolds, you will still work with your baby's efforts to be born.

Transverse

Transverse is a very uncommon position, but it does occur. This is when your baby is lying horizontally across your belly. If your baby does not either put its head down into the hole in your pelvis or turn so its bum is coming into the hole, you will be encouraged to have a planned Caesarean.

It's very tempting to just throw up your hands and give up because you feel there is "Nothing I can do." That might be true; perhaps you can't do anything more about the position your baby is in. But keep repeating the same thing: "No matter what birth my baby and I have, I will work with my baby's efforts to be born"—just use your skills and thoroughly enjoy becoming a parent!



Your Positions

The shape of your bony pelvis can affect your baby's position. For example, Birthing Better Pink Kit families discovered that many of their posterior babies occurred in women who are long in the front-to-back dimension and narrow in the side-to-side dimension, or in women with a narrow pubic arch. If a woman has a pelvis that is short in the front-to-back dimension and wide between the sit bones, her baby might begin labor with its back toward the woman's side. This is why it's so very important that you know your own body. Knowing what position your baby is in and then knowing how to work with that information builds confidence and reduces anxiety.

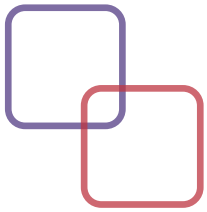
In reality, most babies in a posterior position turn in the last few weeks of pregnancy, during labor, or in the actual birth. This is why working with your body in labor is so vital. Imagine how powerful you'll feel if you can help your baby turn during the birth by creating space, staying open and internally soft and relaxed.

And, of course, every position your body is in during labor impacts your baby.

Work with Gravity

Babies have to come down, so downward gravity helps most babies. This means positions that keep you upright help that downward effort. Conversely, positions that are not upright in your torso are not gravity-positive and therefore might not be helpful. Go through how babies relate to different positions birthing women take on the DVD. You might be surprised.

If the birthing body is compressed, bent, or holding internal tension, it can hinder the efforts of your baby to come down. This is not rocket science, and it is why lying down in labor is not considered the best. When the birthing woman lies down, her baby is always *lying* down instead of *moving* down. But for the past 40 years, women have been encouraged to move around and get into any position they fancy. Naturally, unskilled mothers reacted instinctively to the pain and lay down, because that decreased the pain of the contractions.



With knowledge and skills, you must behave in a counterintuitive manner during labor. You must get into positions that keep you open for your baby so your baby can produce effective contractions that might be very painful or intense.

This does not mean you have to "suffer through" painful contractions; it means you have to work with the intensity of the painful contractions because you know you are working well with your baby's efforts to be born. You have to get into and stay in positions that produce effective contractions—usually, this means staying upright! It also means your effective position must be accompanied by relaxed soft tissue and an open pelvis. You don't have to like it, but you do have to allow the contractions and work with them.

No gravity?

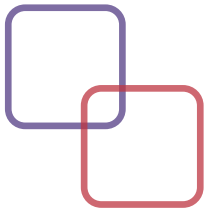
There are a number of legitimate reasons why a woman cannot or chooses not to assume positions that are gravity positive:

- Being told to stay in bed.
- Required medical assessments, monitoring, or procedures
- Being too tired.
- Previously birthed lying down.

This is where your Birthing Better Pink Kit skills excel. Many Birthing Better women have found themselves lying in bed, yet still able to use their skills in this position.

As you learn the skills, practice them in every position you can get into with the same goal: stay open, stay relaxed, stay soft, and stay mobile in your pelvis. While it's not ideal to lie in bed, there is one big advantage: you do not have any muscle tension from weight bearing.

Birth Stories have come from women who got into every gravity-positive position thinkable, including walking, but still ended up with long, tiring labors. When these



women found the Pink Kit and learned these skills, they discovered being upright created too much pelvic tension for them.

Keep going back through the DVD "Body Positions":

- Focus on your baby and on how your positions might affect him.
- Move from one position to another, paying attention to how those positions affect your body.
- Slightly alter each position to maximize your openness in your bony pelvis and softness in your soft tissues.
- Keep furniture in mind and use it well.
- Be creative about choosing intentional positions.

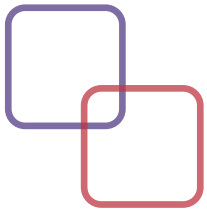
If this seems overwhelming, take heart—with practice, you will grow in understanding and skill.

Modify Each Position

Pink Kit families get very comfortable and quite sophisticated about positions. They recognize that very small and subtle changes within any position may be better than a whole new position, as shown on the DVD. These subtle changes may mean how you

- align the top part of your body with your pelvis
- adjust your leg/s
- intentionally relax one or more muscles, such as your bum, hamstrings, or inner thigh.

For instance, during 1st Stage, you might be walking around. Remember to keep softening your weight-bearing muscles. During 2nd Stage, if you are sitting and bending over the back of a chair and the baby is coming down quite slowly, try just lifting your upper torso. That often aligns the baby better with the pelvis.



Once again, it is often the birth coach who can see external tension or the impact of body alignment, so if your woman discovers an adjustment that makes a big improvement, help her remember to stay there and not slip out of it!

Making these changes by choice often calls for negotiation and determination. When labor hurts, it's easy to want to avoid anything that might make it more painful, even though an increase in intensity means the labor is more effective. But knowing you can help your child's efforts to be born encourages you to go beyond your natural inclination to just make yourself comfortable. It means that time will not be wasted in positions that stall labor.

Exercise: Body Positions

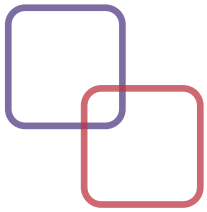
Get your DVD and practice a few positions. As you try these positions, feel how they impact your body, the baby's relationship to your body, and whether they might stall the labor or make it more effective.

Squatting: When you're squatting, notice how your bent legs relate to your Minnie Mouse muscles (MMMs) on either side of your tailbone. Are they relaxed? If not, how can you move your legs while still in a squat to make them relax? There are also many positions that are similar to squatting that might keep you even more open and relaxed:

- kneeling on one knee with the other leg bent up
- sitting between two chairs
- sitting on someone else's lap
- sitting on a birthing chair

Work through some of these, paying attention to relaxing the conscious tension in those MMMs.

Semi-recumbent: When you sit back on your bum, can you feel how this immobilizes your sacrum? This position causes structural tension that needs to be released. How could you adjust your position to free your sacrum, so the baby can



make more room during labor? Would sitting on one side do this? Also, pay attention to your MMMs as you find a way to keep your sacrum free.

On all fours: When you are on all fours, the baby's back can fall forward over your pubic bone, and this can cause the baby to deflex his head. Sometimes, this position relieves back discomfort, BUT it hinders the passage of the baby through your pelvis. How could you move your upper body so your baby is better aligned with the pelvis?

Spend a little time each day thinking about your pelvic zone as you move about your life. Don't leave everything up to a cram session! Once you're actually in labor, it'll be much easier to remember which positions keep you open if you have practiced them regularly.

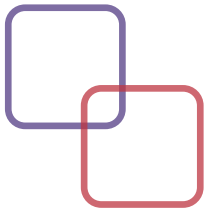
Remember—if you're in a position that works, stay in it until it stops working. If you are aware that, for some reason, a position isn't the best, think about possible reasons, and what you want to accomplish. You don't always need to move into a whole new position; sometimes, only a slight adjustment is needed, e.g. kneeling might feel mostly right, yet when you bring one leg up, you feel even better.

Remember that the result of being more open, being more relaxed, and using gravity to bring your baby into the pelvis is usually a more effective labor.

Beginning story: The baby slid right out

This woman had given birth twice already, to 11lb 4oz babies. She felt that her second baby had been stuck at one point but couldn't explain why. Her pelvic map showed that she had plenty of room. However, when she worked through the body positions, she found that many of the positions she'd used during those labors actually made her feel closed.

In her third birth, instead of walking (which made her feel closed), she sat on a chair, having first spread her sit bones apart. She slept for several hours, just waking for contractions, then going back to sleep, and she felt good about her progress. When she eventually woke up, she



chose to lie on one side. One of her helpers lifted her leg, but she felt as if that position closed her. She wanted her leg lifted "Just so," and then no further.

After several contractions, she said, "The baby isn't coming down like this," got off the bed, and knelt on one knee, bending forward. The baby's head then crowned in just two contractions, but he was having difficulty turning to bring the shoulders down. She then straightened her upper body, and the baby slid right out. She felt that her Pink Kit knowledge helped her position her body effectively.

Common language for body positions

Woman

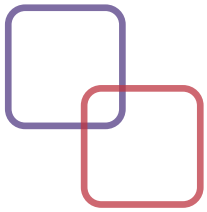
√ *I don't want to move, but I know I need to. I can tell this position isn't the best.*
√ *I need a break, so I'm going to move into a position that lets me rest a little.*
√ *Help me to feel okay about this position. I can tell it's effective, but it makes labor more intense.*
√ *Thanks for reminding me, it really helps.*

Coach

√ *Does this position seem good for both you and the baby?*
√ *Before you change positions, think for a moment. What would feel right for you and the baby?*
√ *Let's think this through together. What are we trying to accomplish?*
√ *Does the baby like or dislike this position?*
√ *Are you in this position because you don't like the sensations of another one that might be more effective? We'll help you cope with the sensations of the other position if it's more effective but more intense.*
√ *Remember that you can adjust this position if it feels okay but not quite right.*

Woman

If your baby is in a posterior position AND causes a slow, lingering labor with back labor, you have to get serious about creating space and reducing internal tension, and keep working with your baby as it moves down through your hole and opens your cervix. Even if your baby is in a "perfect" position with its head very flexed



(chin to chest), well down into the hole of your pelvis, and nicely curled up with its back to your belly, you can still have a slow, lingering labor with back pain, especially if your skeletal structure is tense and/or happens to be a tight fit for the baby.

In any labor, be alert to how changing your position improves or reduces the effectiveness of your contractions. When you read "Getting from Here to There in Labor," you will be able to read the signs of a progressing labor as it unfolds and quickly recognize whether your labor is in a plateau. A plateau can end in medical intervention, because you become tired, bored, or frightened. With your Pink Kit, you'll have the skills to get labor going again.

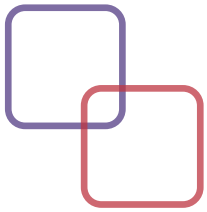
If you need to rest for a bit, it's okay to lie down. Do it on the side opposite of where your baby is, if possible, as that will give him room to move around in your hip. Remember, when you lie on one side, you fix that hip to the ground. Give your baby room. Also, ask your coach to place a few pillows between your legs to keep you open.

Coach

Make sure you know before labor starts which positions feel most open to your partner. You don't want to have to figure that out once the pressure is on!

During labor is when you can really work with your partner. When she is in the throes of intense contractions, her internal awareness of what she is experiencing gets increasingly heightened, while her awareness of how she appears to others diminishes. You can see and hear what she is doing, how the contractions sound, and how the sound of each contraction changes over time. It is often the person on the outside who can tell whether labor is progressing or stalled. This means you must stay attentive and help her choose her positions better.

Both of your purpose is always to keep your labor moving along. If your labor is moving along (getting more intense every hour or two), it doesn't matter what position you are in; you are making progress. If your baby can move comfortably



and easily through your container, you literally could be standing on your head, as in this story, and it wouldn't matter.

Beginning story: How do you get amniotic fluid out car upholstery?
A family was expecting their third baby. The first birth was a vaginal birth in the hospital. However, the second baby remained breech, and the family decided to follow the suggestion of their physician and had an elective Caesarean. For their third birth, they wanted to have a VBAC (vaginal birth after Caesarean). The woman went into labor, and when she felt they should go to the hospital, they got into their brand-new Subaru and headed off. They got as far as the next exit on the highway when she had to push. She was in the back seat, and her husband told her, "Stick your butt in the air and put your head down on the floor!" which she did. The baby came out anyway—10 pounds, 8 ounces.

During Labor

Once you are in labor, be thoughtful about what positions you change into. Stay in positions that your baby likes and that produce effective contractions (see "Progression of Labor"). There is no doubt that many women are required to stay in bed while they are in labor. If that's you, figure out how to be in the best position that works with the standard of care put around you by the hospital or care provider. Consider the difference between your external position and how you keep yourself internally open!

This is what you'll do again and again as parents. You'll find yourself not always liking what you have to do, but you have to find a way to do it with grace and dignity anyway—that's what separates an adult parent from a childish parent. Labor is a mandatory Gateway following pregnancy (unless you have a non-laboring Cesarean) that you must go through to reach parenthood. Create this experience in a way that develops you through your efforts; then you will feel incredibly empowered and capable: "If I can do this, I can do anything." That is not just a statement of having a task completed (something that happened to you and is now over); it's a statement of how you did the activity, with respect for your own behavior and pride in how you managed and coped, particularly if you acted in a way you are proud of even while resenting how things went.