



3 Ways to Shorten Labor

SPINNING BABIES®



3 Ways to Shorten Labor

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3 Ways of Shortening Labor
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Table of Contents

A Natural Balance	5
In Pregnancy	9
Contraindications!	11
The First Way to Shorten a Labor Is Before Labor.....	12
Belly Mapping®	16
Birth Plan	16
Labor.....	20
The Second Way to Shorten Labor; Help baby into the entrance of the pelvis	22
Active Labor	26
The Third Way to Shorten Your Labor: Help baby emerge more easily.....	29
Home or Birth Center Birthing.....	34
After the Birth	36
Spinning Babies® Virtual Support for Parents	41
Public Statement	43
Resources.....	43

Our book opens with Richard's email to Spinning Babies® about the birth experience of his wife, Caroline—which is his experience, too.

I just wanted to drop you all a note to say thank you for all the terrific information you make available on your site. My wife just delivered our first son yesterday.

She was in labor for 63 hours, we were doing an all natural birth at a hospital and spent most of the labor at home on our own (no doula or midwife). While we had read many books on natural childbirth (Bradley Method and the like) we were feeling stuck and frustrated after 2 days of strong, persistent contractions that labor was not progressing like the textbooks said it would.

In scouring the internet for answers, I stumbled [upon] your site and read all about baby positioning, and became convinced that although we knew he was in a good position head down (what I now know as LOT) he seemed to be stuck and not engaged (although we have no way to know for sure as [we] were not checked).

So on day 3, we set out to follow your prescribed exercises, a few rounds of Rebozo sifting, 3 rounds of Side-lying Release each side, lots of hip dipping and then 10 rounds of Abdominal Lift and Tuck, and wham, within 2 hours she had lost her mucus plug and we were in business. We arrived at the hospital 6 cm dilated and he was born just over 3 hours later.

It was so helpful to be able to refer to your site and to have some exercises to try, I am convinced they made the difference and definitely helped us avoid going to the hospital way too early and ending up with a medicated or cesarean birth.

Thank you! I am going to be referring all our future parent friends to your site so they have all this great information much earlier than we had found it.

*Cheers,
Richard*

A Natural Balance

Spinning Babies® offers parents, like Richard and Caroline, information about “what to do” when they don’t know what to do. Parents can sometimes find themselves in an unexpected and, sometimes, seemingly endless long labor. Having a cesarean is a big decision, and it isn’t a simple choice. Surgery has risks like postpartum pain, blood loss, and higher risk of infection. Time and typical birth positions don’t always give the answer.

Spinning Babies® comes in with solutions for many situations, including long labors, back pain, labor pain, and babies not being in a good position to fit the pelvis, and simply offers calm and more ease.

But wait: I hear someone somewhere asking, “Doesn’t the body know what to do? Birth is something the body just does, right?”

True, the body is designed for birth: the uterus leads to the vagina; the vagina leads through the pelvis to the outside world. Baby turns through the pelvis and slips past the cervix and over the perineum.

But then there’s the modern world. Sitting for hours, driving in cars, a lack of exercise, or too much exercise can affect the muscles, causing them to be too tight or too loose or to actually twist away from the curving path that is just the right angle for the baby to descend through the body.

There is a natural balance the body needs to direct the baby into the pelvis when the uterus is contracting to push the baby through the pelvis. The normal process of birth can be nurtured and protected to reduce the need for heroic help. And though birth doesn’t always wait for a secure location or time, you can find security in knowing you can do things to ease birth for your baby and your birthing body.



Our *Three Ways to Shorten Labor* e-book is a gift of support to pregnant people needing to be self-sufficient in labor. Whether you're giving birth under normal circumstances or giving birth during a health pandemic, weather emergency, or other national or global event, the guidance here will help. When providers are busy with emergency response measures, parents may need to be quite self-reliant.

At the same time, this isn't a how-to-give-birth-on-your-own book. This e-book is a public service from SpinningBabies.com and is not a replacement for medical or midwifery advice. Seek a medical professional for pregnancy and the doula and childbirth education communities for birth support.

In extreme times, parents may be looking for a personal guide to help them now! We also have a growing community of Spinning Babies® Certified Parent Educators offering Online Guided Spinning Babies® Parent Classes. Find our Parent Educators at <https://spinningbabies.com/spinning-babies-certified-parent-educator-directory/>.

We are pleased to give birthing parents of the world this simple e-book to help ease labor. Our immediate desire is to reduce labor time. A shorter labor is helpful because it typically means:

- Less overall time in the hospital
- Fewer interventions that might lengthen time in the hospital
- Shorter time exposed to contagions and pathogens from other people in the hospital
- Less physical exhaustion and more energy for welcoming baby

Easing labor with our physical preparation program also helps to increase:

- Parent confidence
- Ability to cope with contractions
- Knowledge for self-help during childbirth
- Body balance to let baby turn and slip down the pelvis

We're sharing this e-book and expanding our services online to help parents be proactive when midwives and medical providers may be focused on handling emergency measures while also caring for birthing families.

Generations of your direct ancestors have successfully given birth. And even if you, your mother, and/or your grandmother were born by cesarean, you can probably trust your pelvis, knowing a few generations is absolutely too short a time for evolutionary change in the human pelvis to reduce your body's ability to give birth.

A pregnant person without significant skeletal or unmanaged metabolic differences can complete labor with a vaginal birth and benefit from the hormones released throughout the entire labor process. Labor enhances both you and your baby.

The oxytocin hormone surging in a birthing body prepare a new parent to want to gaze into baby's eyes, feed, and perceive the needs of the baby, and be transformed by this process—literally, chemically, and therefore emotionally and psychologically.

The hormones of labor allow the uterus to massage a baby down through the pelvis and also to stretch the vagina over baby's head. The joints of the bony pelvis become even more flexible than in pregnancy. The great thing about birth is that it happens whether we know "how to do it" or not. The body is busy with internal preparations regardless of our will or knowledge.

Birth is neither a crisis nor an excuse to be passive. Your body may need the support of your exercises or the stretch-and-jiggle techniques promoted by Spinning Babies® to loosen a body stiffened by years of sitting or standing in place sports or accidents.

Modern life doesn't offer many opportunities to move our bodies with the full range that benefits our pelvis and back. Lacking a balance between flexibility and stability, our pelvis can be less responsive to our own ability to give birth. We can restore that ability. We've developed proactive activities—which my friend Chris McBride calls proactivities—to enliven your ability to give birth anywhere and any time.

In Pregnancy

Support your body. You're doing amazing work. Take action for an easier birthing experience:

- Sleep 7–8 hours over 24 hours, with a nap each day and by going to bed early.
- Drink 12 glasses of non-carbonated water a day, and eat nourishing food.
- Breathe in deeply and exhale slowly—many times in a row, several times each day.
- Begin to stretch your joints and muscles in every direction, slowly and repeatedly each day.

And finally, if you have time, try the birth positions and special stretches and jiggles we offer here so you have practiced them and gotten the feeling of them in your body before labor begins.

Prepare Yourself for a New Kind of Birth

The birth you may have envisioned will change to fit the current situation on the day you are in labor. Before you can feel fully confident, you may have to say goodbye to current hopes and expectations that may be less likely in widespread emergency situations.

Allow yourself to feel grief for the loss of the birth you initially expected. This is a time to activate your creativity in facing challenges. Parenting requires constant flexibility to foster growth. Perspective and humor help you move forward. The old script doesn't fit the new world stage.

You are about to rewrite your new script to include changes and adaptations like:

- Birthing with fewer support people
- Finding your body's own resources—with breath and movement
- Appreciating yourself in the unique, historic moment this is
- Welcoming your baby as a member of a new and vital generation for Earth's future

When life as we know it changes, we can open ourselves to new skills for a new world or try to keep the world as it used to be. These opposite urges of *3 Ways to Shorten Labor*

adaptation and stability are both speaking to important needs: to be safe and secure but also to navigate the unknown by taking risks to change. Both are ways to cope. A little of each is necessary and both have value. But it is curiosity that keeps the mind open so you can learn from people already adapted to helping birthing and parenting families in the current time.

Prenatal Connection

“Don’t forget the baby inside,” says Your Amazing Newborn author [Phyllis Klaus](#). Your baby has a very active womb life. Your movements gently rock your baby, which helps their physical and neurological development. Your speaking and singing voices become familiar and comfort baby when they hear you after birth. By seventeen weeks, your baby can easily hear you and the sounds of your daily life.

Dedicate a special time each day to sing a specific song. The baby will begin to anticipate your voice and the emotions singing can release in your body. Want to see an example? Witness a baby’s heartbeat during a familiar song in the short video “[Singing to the Baby](#)” by Penny Simkin.

Lullabies enhance social development and encourage a deeper connection. Include the whole family. After birth, your baby will be soothed by the familiar songs learned in gestation. The result is delightful. You have proof your baby knows and remembers.

Contraindications!

When Not to Use Our Recommended Spinning Babies® Techniques

Before we get into our “proactivities,” we want you to know that not everyone can or should do everything we recommend in general.

Know the medical contraindications; don't do anything that worsens a medical condition like high blood pressure or bleeding in pregnancy. Read [contraindications](#) for yourself.

Take a moment to consider whether this technique is right for you. Check in with your body, sensing comfort or resistance, and honor that as inner guidance. Stop and do something else or rest if what you are doing doesn't feel right.

Talk with your midwife or doctor about concerns.

Don't do these techniques when there's a medical reason not to:

- Constant pain and hardness of the abdomen between contractions
- High blood pressure or other risks of stroke, like severe headache or seeing flashes of light
- Or if you simply don't want to

See explanations at [When Not to Use Spinning Babies®](#).

I hope that by knowing the contraindications, you will feel confident with the techniques recommended at Spinning Babies® and that those of you who can use the techniques will experience the benefits of physiological birthing in more gentle experiences of spontaneous birth.

The First Way to Shorten a Labor Is Before Labor

Protect the Balance Already in Your Body

Balance in the body means muscles and ligaments are not too tight, not too loose, and not twisted and pulling the uterus off direction. A body in balance will function better. Birth may then be easier than when we don't nurture the balance in our body.

Supple Muscles

Daily stretching brings comfort to pregnancy and prepares for an easier childbirth. Aligning your body and doing a gentle but lasting stretch can lengthen the muscles. Long muscles are supple muscles. They function well.

Legs and joints and vertebrae that move freely have more options in labor than those that are stiff or only flexible in a few directions. Bikers and walkers, for instance, may need to increase their range of motion by including side lunges. At Spinning Babies®, specific stretches were chosen to address a variety of muscles and ligaments so space expands for a baby to get themselves into an ideal position for birth.

We've created a [Daily Activities](#) section on SpinningBabies.com where you can follow a list with pictures and instructions. Select several activities for a daily 30-minute stretching session. Mix the different techniques throughout the week to include most, if not all, of the activities.



Rest Smart®

Rest Smart® suggestions maintain your balance during pregnancy. These postures and positions can also be used in labor. Think of your belly as a hammock, and let the baby lie with his or her back settling into the hammock. Don't "tuck your tail" while standing, except for specific techniques.

You're sitting up on your sitz bones, lying on your side with knees and ankles supported, and finding symmetrical, or twist-less, positions. Visit the [Rest Smart®](#) page on SpinningBabies.com to learn more.



Restore Balance

To increase your likelihood of a physiological birth that is manageable with breathing and moving, natural comfort measures, and support, add body balance. Balance in the body simply means “not too tight,” “not too loose,” and “not too twisty.”

A uterus can get a bit of a twist in the lower portion from a sudden stop or fall while the body or car is turning. Get your birth design back in action: Release what’s tight, support what’s loose, and untwist the ligaments!

We have collected an assortment of techniques to bring the body back into balance that we call the Three Sisters of BalanceSM. While popular for their success, these techniques also have warnings so you can use them safely. Do not use any of these techniques if there is bleeding in pregnancy that is not due to normal cervical dilation.

The Three Sisters of BalanceSM have a cousin too, another technique. We aren’t including instructions and photos in this ebook on purpose. We want to keep you up-to-date when there are updates, and also provide a fuller context for better use of techniques by directing you to our website. Begin balancing now by following this link: <https://spinningbabies.com/learn-more/techniques/the-fantastic-four/>.

Experience Calm with the Rebozo Manteada

“Manteada” is a gentle sifting, like a rhythmic jiggle. “Manteada” is the Spanish name for the gentle sifting action with the Rebozo, a special woven scarf. Manteada is done by Mexican midwives for comfort during pregnancy, birth, and postpartum. This description was shared with Spinning Babies® by midwife Ximena Rojas García. Manteada with the Rebozo aims to:

- relax tight uterine ligaments and abdominal muscles,
- help the baby rotate in pregnancy or labor more easily, and
- help the birthing person relax into labor.

The Rebozo is a very long woven scarf created by women for women. The beautiful traditions of using the Rebozo are handed down from mother to daughter and midwife to midwife in Mexico and Central America. The many uses of the Rebozo include carrying a baby, relaxing and repositioning mothers

in childbirth, carrying groceries, and most especially, ceremonies for important passages of women's lives.

Visit the [Rebozo Manteada](#) section on SpinningBabies.com to learn more.

Untwist Any Pulled Ligaments with Forward-leaning Inversion

The Forward-leaning Inversion (FLI) restores optimal room in the lower uterus. Baby will use that space, with the pull of gravity, to snuggle their head into a more ideal position for birth.

Staying in this upside-down position for 30 seconds—three breaths only—helps the head-down baby tuck their chin when done one time a day. The Forward-leaning Inversion technique was developed by Carol Phillips, DC, of [Dynamic Body Balancing](#).

Read the [Forward-leaning Inversion](#) section on SpinningBabies.com to learn the right way to do it, how to avoid a fall, and when it's not safe to go upside down. Observing the safety measures you read on the website and going slowly will reduce accidental falling.

Of course, we encourage you to listen to your body. If you have a gut feeling not to go upside down, don't do it! Trust yourself.

Untighten and Untwist with the Side-lying Release

The Side-lying Release (SLR) uses a "static stretch" to temporarily, slightly enlarge and soften the pelvis. Stretching the muscle spindles lengthens the pelvic muscles for approximately one to four hours. The SLR can then be repeated if needed.

Visit the [Side-lying Release \(SLR\)](#) section on SpinningBabies.com or visit the website of [Carol Phillips, DC](#), the developer of SLR, to learn more.

Support What's Loose with a Pregnancy Belt

Wrap a long, thin linen cloth under the belly, and tuck the ends into the cloth itself. Or buy a new or used pregnancy belt. The simple wrap with velcro on the ends works well.

Belly Mapping®

Belly Mapping® is a three-step process for identifying baby's position by charting the kicks and wiggles felt in the final months of pregnancy or even in labor. Parents can also use Belly Mapping® for bonding with the baby inside. I created Belly Mapping® to help parents approximate their baby's position. We learn to follow the clues of baby's kicks and wiggles to estimate whether baby is head down and turned to the right, left, front or back.

The [Belly Mapping®](#) section on [SpinningBabies.com](#) is how Richard (the father quoted in the beginning of this e-book) learned his child's position in the womb. You can use those pages, too.

If you can't determine your baby's position, you can still do the activities in this e-book, as long as you have no medical reason not to do them. Reduce the number of Forward-leaning Inversions to one-a-day if you think baby is head down. And read the articles on techniques for safety warnings and instructions for best use.



Birth Plan

To help you prepare for labor, the structure of a birth plan encourages you to consider the common events and procedures that arise at most births. You may see a birth plan as a list of interventions that you want to avoid. A better birth plan invites communication in the birth team about the things that may be wishes; fears or triggers to stress; medical alerts, like drug allergies or blood clotting disorders; or information for the team about your coping skills—for instance, that you may be using techniques from Spinning Babies® for comfort or in times where labor progress isn't keeping up with the contractions.

Your initial birth plan may need to be rewritten in light of emergency situations like the COVID-19 pandemic and to adapt to limitations that may be in place. While this change in your birth plan may challenge you to find new ways to feel control in your birth, remember that these limitations are in place to protect you and your family, and sometimes to protect the hospital staff and birth care providers as well. There are more than two options.

Talk together as a team to come up with alternatives that nurture your needs within current constraints. Ask your provider to check baby's position again on the day of the birth, as things may have changed for the better.

Remember, a birth plan isn't a plan to control what happens but rather a written invitation to communicate about strengths and vulnerabilities you perceive in your upcoming birth. A birth plan lets the birth team know your skills and your requests for their skills around your birth, even if who is on your birth team changes and you're too busy with contractions to discuss your situation.

Gathering Supplies for Labor

In our current COVID-19 pandemic, the less stuff you bring, the less chance of bringing the virus into or out of the hospital. When heading to the hospital, plan to be gone for two to four days. Bring food in case cafeterias are not open. If you are able to have a support person, the hospital may not allow for them to leave and come back with extra food or items forgotten from home. As you think through your individual wants and needs, please check with your care providers to see what is available and what is possible.

For your short list, don't forget to bring what you need for a few days in case your stay is longer than you expect.

- Hospital or insurance ID card
- Phone with space for photos
- Phone charger
- Bring or wear your partner's shirt if their smell calms you
- [Birth plan](#)
- Snack bars, dried fruit, nuts, and crackers for you and your support person
- Clean clothes in a two-gallon ziplock bag to wear after the hospital and before being in your home

Visit SpinningBabies.com for [a longer list](#) of things that you may want under more usual conditions.

Other considerations:

- Breast pump
- Car Seat—You can leave the car seat in the car and bring baby to it. If you have the opportunity, have a certified car seat technician check your car seat.
- Self-Soothing
 - Music playlist
 - Battery-operated candle
 - A T-shirt that smells like home or someone you love
- Virtual Support
 - Add the contact information of your family and virtual doula to your phone.
 - Establish a method of internet connectivity on your phone or tablet besides Wi-Fi (e.g., data, hot spot) in case the hospital Wi-Fi isn't adequate.
 - Load your device with Zoom, Skype, WhatsApp, FaceTime, or other communication apps that you may use.

Partner and Family Support in Labor

Family contact can offer vital closeness when interactions are supportive and desired. During an emergency situation, there may be additional limitations on who is allowed to be with you in a hospital or even a birth center. Talk to your home birth midwife (if birthing at home) about similar potential limitations in such unusual times as a pandemic. Your support partner can take you right up to the hospital door and greet you upon leaving, perhaps bringing clean clothes.

Before leaving the hospital in a pandemic, put on clean clothes before getting into the car or after leaving public transportation but before entering the house. You may need another clean set to enter the home in hotbed areas of pandemics. Leave your shoes outside and wash your hands.

Doula or Birth Companion

The doula is a trained birth companion that attends to the birth giver's emotional needs and offers information. The doula plays a vital role offering support, and if a doula can't be present, a virtual doula can be with you at a distance, offering significant benefits, knowledge, and calming during pregnancy and for the birth. We suggest you bring an iPad or other tablet to be at your bedside. As labor picks up during the transition phase, you may be less likely to start a chat, but by then you will be attuned to listening to your doula's calming voice. The doula will be present, listening to your rhythm through the connection between devices. Earphones may help you hear the doula's voice in your ear.

Your Rights during Childbirth in Strange Times

Your rights are the same in childbirth as at any other time. Childbirth can be a vulnerable time, and personal rights become particularly important. Local laws attempt to protect human rights, like the right to be informed about treatments and the right to decline a treatment.

A Patient's Bill of Rights may be posted in your hospital room or in the hallway to show you how your hospital upholds your rights. Your local government also has written pronouncements to tell you how it upholds the rights of all local citizens.

"Now is the time to have an in-depth conversation with your OB-GYN or midwife about what their policies are right now. That's always a good idea, but right now it's particularly important to be specific," writes Catherine Pearson in the [HuffPost Parenting blog post "How to Prepare for Giving Birth during the Coronavirus Pandemic."](#)

You always have the right to be informed about the medical advice being given to you. You can even refuse care. You have the right to dignified support even if you refuse a particular type of care.

In the unfortunate situations where your rights are not respected, you have recourse. Consider visiting the websites [Evidence Based Birth](#)[®], [Birth Monopoly](#), or [Birthrights](#).

Labor

Nurturing each phase of labor will support the smooth unfolding of the stages of labor. To prevent a longer labor or unnecessary pain, we offer tips for each stage of labor.

The Three Stages of Labor:

1. Dilation of the cervix
2. Pushing the baby out
3. Birthing the placenta

Birth continues from the ripening of late pregnancy through latent labor and into active labor until baby emerges. Body balancing helps promote both an open mind and a supple, birthing body.

At SpinningBabies.com you can find a free reference for parents called [“In Labor Now?”](#)

Beginning Labor

If early labor is long, it's easy to wonder if the next contraction will be the one to really progress your labor. Birth givers have a lot of questions during this time. When should you call the doula or doctor; when should your partner come home; what should you do about the other children? And when does the pain start? With all of this on your mind, you can tire yourself out before labor even really begins. If early labor is long but not painful, remember the following:

- It's important to eat! Eat foods that are easy to digest, like simple soups, smoothies, or yogurt. Toast is a classic, but get nutrition from root vegetables and an easy-to-digest protein, like chicken, soaked raw almonds, or yogurt.
- After you've had a few babies, a leisurely early labor is common. Sensitivity to estrogen surges can bring on nighttime Braxton Hicks or practice contractions.
- Keep in touch with your birth attendants and relax. A long early labor for a first-time mom or a VBAC mom may indicate a need for engagement. A long early labor sometimes means that this baby needs to rotate some more before fitting into the brim of the pelvis. Learn ways to help baby engage under the “Labor” menu link at SpinningBabies.com.

A Plan for When There's Questions in Labor

How do you know whether a labor needs help or just time? For labor, there is a series of techniques (discussed earlier in this e-book) that help most labors progress, reduce labor pain.

- [Rebozo Manteadada \(sifting\)](#)
- [Standing Sacral Release](#) (if in bed, do an [Abdominal Release](#))
- [Forward-leaning Inversion](#)
- [Side-lying Release](#)
- [Dip the Hip](#)

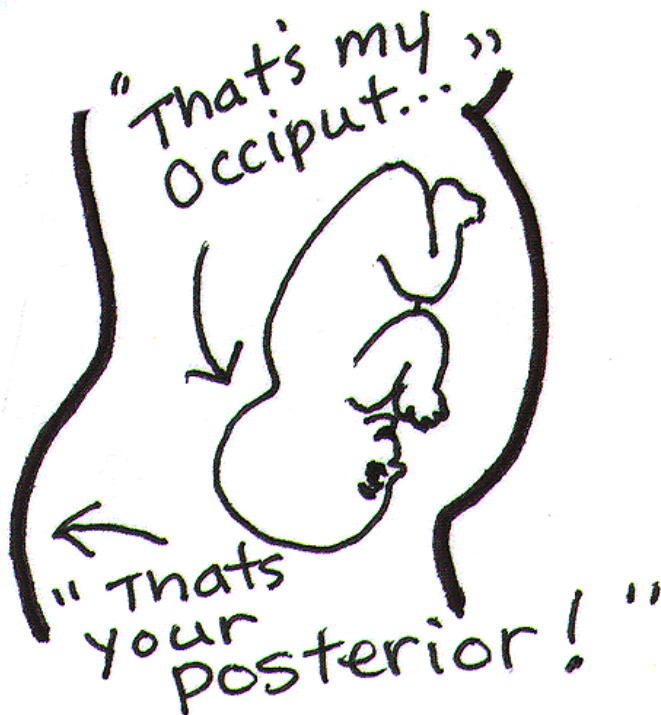
Spectrum of Labor Ease

How do you know whether your labor will be hard or easy? Birth offers a spectrum of possibilities. The unusual variations are on either end of a bell-shaped statistical curve. Most [posterior](#) babies rotate in labor (Lieberman, Gardberg). Yet, too many women are given [cesareans](#) for a posterior baby

because no one there knew what to do to help the baby rotate.

Spinning Babies® has a plan for moving women towards the easier side of the bell curve. Spinning Babies® may just be the rainbow in the storm of confusing labor challenges. Most women experience childbirth as more work than they expected. That's why we call it "labor."

The occiput posterior position is when the back of baby's head (occiput) is against the mother's back (posterior). Add balance so baby can rotate and help baby "drop" into the pelvis.





Abdominal Lift and Tuck helps baby engage in the pelvis and go from high to “in there!”

The Second Way to Shorten Labor; Help baby into the entrance of the pelvis

Engagement

One of the most important milestones of labor is baby’s engagement into the pelvis. Sometimes a baby remains high, above the pelvis. In the opening story, we read about a baby who couldn’t enter the pelvis until body balancing activities were tried and a position to open the pelvis let baby engage, or get through the top entrance to the pelvis (called the inlet or brim).

Pain can be strong when the uterus tries to engage baby against the bones instead of into the tunnel through the bony pelvis. Balancing the muscles and then positioning the pelvis to let the baby in is our recommendation. Pain may be felt at the mid back, hips, or pubic bone when the baby is high and passing into the pelvis or trying to be let into the pelvis.

Spinning Babies® offers a few simple engagement techniques that can be done in labor. Once they are done, the labor is very likely to progress. Sometimes, the labor will finish quite quickly or pain is less compared. In fact, helping baby engage can save hours and even days of labor. Visit the [Engagement](#) section on SpinningBabies.com to learn more.

The Abdominal Lift and Tuck is one technique that Richard describes in his email letter. The result was astounding after more than two days of strong steady labor that couldn’t get baby into the pelvis. Baby just needed a little help. Or, let’s say, the uterus needed to be lifted to line up with the entrance of the pelvis.

Letting Yourself Trust Birth

Your body is inviting your mind to let go. Birth flows from deeper within you than the daily chatter of worries or resistance. Trust your body to, well, be a body. Birth is a body function. Spiritually you may feel the power of birth from beyond your own mind. Trusting and letting yourself experience birth is often the way to move forward. Flow helps you cope more than resistance. Immobility and tightening against the contractions adds pain.

Breathing into your labor means releasing muscle tension which allows your body to release the pain you may otherwise feel. You may wonder if you know how to do this. Remember when you were busy thinking and had to remind yourself to relax so you could pee on the toilet? That was a conscious relaxation. You let the muscles in your pelvis relax. Pee flowed. You can do the same thing during a contraction and between. When you feel the contraction and tighten up, use your breath to gather your courage and exhale while releasing your muscles. Some people actually do like to sit on the toilet or an inflated birth ball in the shower so they can pee if it helps.

The deep Inhale that fills the lungs in early labor has to be adapted later when the uterine contractions are stronger. Lighter breathing and faster gives the uterus more room and seems to hurt less. Faster breathing is ok, you may feel light headed. If you do, breath slower, give a longer exhale until you feel better. Vary your breathing to help relax yourself at the various times of labor.

A Chart of Breathing Tips

Easy labor: breathe deep and exhale long, like you are relaxing into sleep.

Active labor: breathe one big cleansing breath and let it go then a series of short light breaths until the contraction is done and finish with a big cleansing breath to release muscle tension.

Transition breathing: Same as active but here's where the "Puh, Puh, HUUUU; Puh, puh, huuuu breathing pattern takes you over the peak of the contraction.

Fully dilated, no urge to push: Breathe like Easy labor again. Nap if you can.

Active Pushing: Take a deep cleansing breath, repeat it. Let the contraction make your body push without "you" doing anything. You may notice your breath catches and your body pushes spontaneously. Breathe freely when that part of the contraction ends. When the entire contraction ends, finish with a deep cleansing breath.

Directed Pushing: Take a deep cleansing breath, repeat it. Let the contraction build so you feel pressure. Take a breath in and use your belly muscles to push. It's really not like pooping. It's more from the gut and in the center. Inhale when your body needs the inhale. Don't try to hold your breath for the count of ten. Your heart and lungs will thank you. But when you do push you are using your breath to help and then inhale and push again. You can exhale as you push in such a way that your exhale helps relax your muscles and pelvis. Baby will thank you, too!

Labor Builds But Isn't Quite Moving Open The Cervix

There's often a build up of intensity that precedes a change in cervical dilation. This may last an hour or two. I encourage you to relax as I explained above. And now I offer tips in case the labor seems to lull into a pattern that isn't moving forward.

You don't have to rely on vaginal examinations to tell if change isn't happening. Notice whether contractions are getting stronger and longer and closer together, or whether you find a hypnotic sort of rhythm that isn't changing. Some people experience a period of labor that is strong enough to make them concentrate and work but isn't moving the cervix past 5-6 cm dilation. It could be any dilation, actually. Here's some tips of what to do:

- Relax tense belly muscles with your breathing.
- [Rest Smart](#)[®] positions when tired.
- At any time in active labor (through the next three described phases) you can do a:
 - 1.) [Sacral Release](#),
 - 2.) [Forward-leaning Inversion](#) through three contractions, then a
 - 3.) [Side-lying Release](#).
- You will probably want to sink into a full tub or take a warm shower to mentally relax after those three techniques, which can be challenging this far into labor, but amazingly effective.
- Gravity: Lunge for six contractions on each side. I like to do three contractions on one side, then switch knees, then repeat, rather than all six on one side.

- Showering is very useful, maybe while sitting on a birth ball or leaning forward.
- Feeling despair? Or labor is just very intense? Time for a tub bath. Or dance!
- Stand and hang on to your partner's neck. Stand and hang on to a sheet thrown over the bathroom door—tie a knot in one end and throw the knot over the door, then shut the door with the knot on the other side. Now the sheet won't slip off the door and you can hang on the sheet and bend your knees and move to the contraction.
- Lift one hip and put one foot up. For instance, when sitting on the toilet, put one foot on a stool or anything calf or knee height for three contractions. Stand for one with your other foot on something. Sit for three, stand for one, again.
- Movement: Slow dancing in the shower with the wall, or grip bars, while your partner sprays your back with a warm stream of water from the shower hose.



Raising just one foot makes the pelvis open like a mini-lunge.

Active Labor

This phase of the first stage of labor is said to begin when the cervix is 6 cm. Active labor used to be defined as beginning at 4 cm dilation. See the “Five-Centimeter Slump” above for tips on 4–5 cm dilation. If labor is progressing readily on its own, don't try and make labor progress faster. It is distracting and leads you away from your natural process. But if a couple hours pass and you don't feel progress or an exam shows the baby is staying high and the cervix is not dilating smoothly, then add physiological balancing activities. Use the [four balance-enhancing techniques](#) again!

Active Labor (Beginning at about 6 Centimeters)

Contractions are 3–6 minutes apart from start to start and last 60–75 seconds from start to finish for the majority of contractions. Things to help:

- Quiet, dim lighting; privacy or the sense of privacy
- Continue [Rest Smart](#)SM positions when resting and use the balancing techniques listed in the pregnancy portion of this book. Massage between contractions.
- [Rebozo Manteada](#) (sifting) for gentle relaxation
- Movement: Walking can help contractions continue to come. Be sure to eat, too. Slow dancing is more for relaxation and not that dramatic for progress. Circles on the Birth Ball. Lunge for one-sided pain, [asynclitic head](#) (after 4 cm) or just progress when slow.
- An inversion of one type or another, your preference, may help a stalled labor resume progress.
- Open the Brim (Walcher's Maneuver) only for the baby that isn't in the pelvis yet. See the article for details on how and when to do Walcher's.

Confined to Bed?

Some birthing people are laboring in bed. Whether you need to be in bed for health reasons or because of being on an epidural, change the side you're on every 30 minutes while you are awake, unless told otherwise by your provider. Contractions seek to aim the baby directly through the center of the pelvis. If the uterus aims the baby to different portions of the pelvis, as evidenced by back or pubic pain, changing positions gives the baby a chance to find room to open the cervix and come down lower.

Generally, lie on your left side more often, with a pillow between your knees and ankles or, if available, use a peanut ball. Another option is to lie leaning toward the mattress: Rest your right knee high up on a stack of pillows and shift your left hip back behind you. Use pillows to support what needs supporting. Switch to your right side periodically to give your left hip and arm a chance for better access to blood circulation.

If you can, kneel and lean forward over a birthing ball or the raised head of the bed. This upright position may not be OK for some medical situations. Ask your provider if you are not sure.

If your labor starts progressing rapidly, don't worry too much about position changes for the purpose of labor progress. On the other hand, if labor doesn't continue to progress, and you have a helper or professional with you, begin or repeat the [Side-lying Release and Forward-leaning Inversion](#). Nurses and midwives who've taken our provider workshop are familiar with doing SLR and FLI with an epidural and also with larger-sized birthing people. Again, don't do FLI if there is high blood pressure or other medical reason not to go upside down.

Active Labor (Advanced 7–8 Centimeters)

Contractions are 3–4 minutes apart and last 60–85 seconds.

If you are not yet at your birth site, now is a good time to go! You may be entering into “labor land,” that hormonal place of deep self-connection with your instincts. Breathe higher in the chest now as stronger contractions and deeper breathing compete for space in the diaphragm.

- Balance: as before. Plus, relax the throat by “cooing.” Deep, low tones are usually better than high-pitched tones to relax the throat.



- Gravity: Lots of birth givers like to be low to the ground, and they feel grounded with their knees deeply bent. Kneel on the floor while leaning forward over the couch or a birthing ball.
- Need to speed things up? Sit on a toilet for three contractions, then stand for three, and then sit for three contractions again.
- Seek comfort in the shower or tub. While leaning on a birth ball is great, sitting on a birth ball is rarely desired this late in labor. But if desired, go for it.
- Movement: Lunge for three contractions on each side; repeat. Walking can still be helpful, but may not be practical. Put one foot up on something when standing. Have your knee out to the diagonal and a foot on a stool. A front lunge doesn't help, but a side lunge can be amazing during a contraction.
- You will know what you need as your body feels the progress of baby moving down onto your cervix better, or lower between the bones. If you feel lost or frustrated, return to a state of calm by doing a Side-lying Release on both sides followed by "[Shake the Apple Tree.](#)"



Transition in Active Labor, 8–10 cm

Contractions are 2½–4 minutes apart and last 75–120 seconds.

A bloody show is likely, or repeated now.

- Balance as before: Inversions are often successful in resolving a stall in a posterior labor. A doula and face-to-face support help, even if on Zoom or Skype! Loud moaning to a rhythm and a cool cloth can also help.
- Gravity: Standing and leaning forward; [Rest Smart](#)SM when in bed. Birthing sling. Stand and hang on to the Rebozo or give the squat bar a try through three to six contractions.
- Movement: Side lunge, whether kneeling or standing. Bed lunge to mimic a side lunge- can be done using a peanut ball to support leg. Bend knees with contractions and move freely. Baby still high? Go back to the Engagement section of this chapter.

The Third Way to Shorten Your Labor: Help baby emerge more easily

Pushing is a Reflex, Not a Sport

We have some suggestions for reducing the efforts and pressures of pushing. These suggestions will often shorten the pushing phase of labor.

The cervix has opened to 10 cm or is about to, and you may feel the urge to push. You may, alternatively, feel no urge to push. A resting phase of 5 to 60 minutes can occur. If you have time to rest, please do. If you are open to repeating (or for some, doing for the first time) body-balancing activities, I do believe they reduce pushing, help baby into position even more, and reduce the tightness of the perineum and so may reduce tearing.

Balance

- Side-lying Release early in the pushing stage or before the urge to push can let the pelvic floor and perineum stretch around baby's head more easily.

Relax Well

- Release your breath and inhale deeply in between contractions. Let the contraction get started before pushing voluntarily. If you need to push, use exhale pushing to conserve strength and mental stamina.
- At the end of each contraction, take several deep cleansing breaths. Smile

and feel the joy. The cleansing breaths move oxygen through your blood and keep your muscles from cramping or hurting due to breath holding and tension.

- Make deep vocalizations, vowel sounds, or roaring sounds as desired. Know that your baby is helping you by pressing that pain out of your body. Work as a team with your baby.
- Let the baby rock back and forth in your pelvis. When a baby's head is seen during a pushing contraction but then slips back inside, the tissues are being massaged. This rocking motion relaxes the tissues in the perineum. It's a good thing. Soon the head will stay visible.

When the baby is very low in the pelvis, the midwives or medical staff tend to stay close by you and monitor the descent of the baby. The pressure of the head deep in your pelvic bones presses out from the inside, low in the pelvis. You'll then feel pressure on your rectum, and just as baby slips out, you'll feel the brief sting on the perineum with the push.

Privacy Measures

Sit on the toilet for a contraction or two in early pushing before baby is low on the perineum.

If lying down, put a hot washcloth on the perineum for privacy; set a cold wet washcloth on the anus to prevent or soothe hemorrhoids.

Pushing Begins

You may be fully dilated and instructed to push, or you may even feel like pushing before you are fully dilated. You'll feel the baby moving between your bones. Some people are instructed to push hard. In the beginning of pushing, such force won't bother the skin on the perineum. But consider your birth position to ease the pressure on both you and baby. You can reduce the pressure on baby's head with some better birth positions for pushing:

- Be upright, or on all fours
- Lie on your left side mostly when you need rest. Change to your right side when your left side needs relief and circulation.
- Don't curl your back during a push. When labor is not progressing readily, let your back be straight so there's more room for baby to line up. Put your knees together while you keep your feet apart and point your toes together.

(You may have to ask to try these two points because it is an unusual pushing position and may not be understood by the midwife or nurse. You may ask to try pushing with a straight back and knees together with heels apart for three contractions and see how it works for you.)

- Sit up on a toilet (the porcelain birthing stool), lie on your side with your back arched instinctually, or stand and lift your arms to hang on to something or someone.

Gravity increases contraction strength while reducing contraction pain

- Vertical positions or side lying on bed to open the pelvis. Hold one end of a sheet or towel (“towel pull”) while someone holds the other end, and tug (not like a sport contest!) enough to identify your abdomen and use the abdominal muscles to push.
- Squat with flat feet and arching your buttocks behind you for three to six contractions. This is quite the opposite of tucking the tailbone under.
- If in bed and on your back, slip a pillow under one butt cheek to slightly raise one side, allowing the tailbone to move out of baby’s way and into the space made next to the pillow .



Position Yourself for Pushing

When pushing starts, the baby can already be low in the pelvis, as expected, or be found high up. Some babies are not engaged yet.

Generally, rock forward and backward while kneeling and leaning over a ball or raised head of the hospital bed. Tilt your pelvis during a push. Which way should you angle your pelvis?

- When baby is high, flatten the lower back through one or two contractions to let baby into the pelvis. Give baby some room to enter the pelvis—don't lean over your thighs. Pull the tailbone in to open the top. This is the tuck in Abdominal Lift and Tuck.
- When baby is low, flare your tailbone out behind to open the bottom of the pelvis to let the baby out. If you aren't sure or if your baby is big or is posterior, tilt your pelvis to the front and back slowly during several contractions until you feel baby drop lower and lower.
- Lunge to the side if the baby needs more room ([posterior](#), or sunny-side up; [asynclitic](#), or tipped head). This can be done standing, kneeling, or even lying in bed using a peanut ball or pile of pillows.

Crowning without Tearing

When the baby's head stops slipping back in between contractions, the head will stay visible. When the widest part of baby's head is visible and the perineum is opened the widest, it's called crowning. The skin is stretched, but remember the perineum receives birth hormones to give it the capability to stretch.

Pant away the strongest urge for one or two contractions with the "ring of fire." Bulge your bottom out to relax muscles rather than tighten when you feel the stretch. As the biggest part of the head comes out, release. Resist a forceful and sudden push, or tightening your muscles and pulling up and away. Pant and give tiny pushes unless there is no further movement at all for a couple contractions. If you have been, or are now, able to connect with your body, you actually may enjoy exploring the feelings of your baby's body as baby is born.

Some babies come readily right after the head is out. And many pause before the birth of the baby's shoulders. You may need to guide big, broad shoulders out with a steady effort. But push without a sudden blast of effort to protect your skin and muscles from tearing. Shoulders not coming? Tuck your tailbone, flattening your lower back (lumbar), to open the top of the pelvis, as it may allow the shoulders to emerge.

The rest of the body comes readily after the shoulders. Each baby is finding the space available for the head and shoulders in the spiraling pathway of the birthing pelvis.

Birthing the Placenta

The uterus begins to shrink quickly after the baby is born, sometimes right away and sometimes as long as a few hours. Typically, the placenta is born about 5–45 minutes after birth. The birth isn't over until the placenta is out. A change in position, sitting up or even on the toilet over a big suspended plastic bag or bowl or kneeling over a bowl are ways some people release their placenta.

Allowing the Cord to Do Its Work

In the first minute or two after birth, baby receives their own blood back from the placenta when the cord is not clamped and cut. About 30% of a baby's blood volume is lost when the infant's cord is cut immediately. When the cord is not cut immediately and the baby is able to receive blood that was left inside the pulsing umbilical cord. Getting their full blood volume gives benefits for the baby's organs and avoids the stress and paleness of too little blood. The *British Journal of Midwifery* recommends keeping the cord intact even in the occasional instance in which a doctor or midwife needs to help baby start breathing after birth.



Home or Birth Center Birthing

In times of crisis some families will choose even more self-sufficiency. Typically people that choose to give birth in their homes are healthy, resourced, and trusting in the birth process. During the COVID-19 shut down more families are choosing home birth as a safe alternative to exposing themselves to hospitals with COVID-19 patients and the staff who are more frequently exposed to risk while caring for them.

The preparations for homebirth are both collecting a kit of supplies and also turning to one's inner strength and flexibility to meet labor without an epidural or sense of technological rescue. A person at home is in their own setting and if that is cozy, even if humble, and one is healthy this can be a safe and satisfying choice.

The Birth Center is a private facility that is not a hospital. Some birth centers are founded by midwives who did homebirths and may also offer home birth care while offering a Birth Center setting as an option. Some hospitals have a wing of the hospital that they call a Birth Center but it is usually run like other departments. A free-standing birth center outside the hospital has guidelines of their own or a national birth center accreditation. The midwives and staff of a birth center can serve a couple families at once, if necessary. Several birth centers, however, are closed due to the pandemic. The midwives are often continuing to help their clients with homebirths.

If a birth is taking too long or otherwise isn't going to continue to be safe outside the hospital, the midwife (or doctor) will help the family go to the hospital. Rarely an emergency happens at home that the trained midwife can't handle or send the family to the hospital in time. There are times, however, that death happens at home as it does in the hospital. We take personal responsibility to seek information to make informed decisions.

Home birth safety is typically well proven. Occasional studies show less safety, but well conducted analysis shows that healthy people with low risk births are having less perineal injuries, less cesareans, and high satisfaction in general from births outside the hospital. This can be true for families that had a previous cesarean as well. Breech birth is safer in the hospital for the baby but a well trained midwife with extra training in breech birth is capable of assisting a breech birth at home but may not be legally allowed.

The Contribution of Black Midwives To Preserve Access to Midwifery

Black and Indigenous Midwives held the skills of homebirth when the USA had criminalized midwifery. Marketing reasons were cited by business developers for outlawing US midwives in the late 1800s and early 1900s as investors made health care a commodity. Immigrant and Black midwives continued to serve Black families because segregation and other racist policies prevented Black families from hospitals serving white populations. Some White families continued to call upon local Black midwives to be able to birth at home.

For a while, Public Health Departments trained Black midwives throughout the South. Once segregation was ended by law, Black Midwives were no longer granted licenses and almost all families went to the hospital. From the 1940s to the 1970s midwifery care became rare. In the late 1970s, a movement of young families moving back to the land pushed a resurgence of home birth and Nurse-Midwifery began in hospitals. Midwives who were of African and Mexican descent became a source of care for white families and a source of learning for white, grassroots midwives. Today, Black families still experience birth care inequities. Recent activism has taken on today's birth inequities. For practical know-how and a model that works, see Commonsense Childbirth/The JJ Way®.

Speaking Up

Black and Indigenous birthing families continue to be at risk. Spinning Babies® joins efforts to reduce the tragic effects of systemic racism on maternal and infant death rates in practical ways such as sharing revenue from the sales of fair-sourced Rebozos for Black and Indigenous midwifery students. We actively seek internal change as well as practical steps, like scholarships to Black and Indigenous birth workers. We begin better listening to Black and Indigenous leadership so we may do our part better to improve maternity care outcomes for all families. Please visit our website to read our equity statement.

After the Birth

Greeting Baby

Hold Baby to your chest immediately after birth. Skin-to-skin contact helps your brain awaken with hormones that give you more perceptive and protective instincts. Keep baby skin-to-skin, ideally near the breast when not suckling at the breast. During skin-to-skin contact, the baby wears only a diaper. Contact with the chest begins temperature regulation and enhances the heart-brain connection. A newborn baby will instinctually find its way to the nipple if placed on their tummy with their face on the chest. Keep a light blanket over their body for warmth according to the temperature of the room. (If exposed to winter's cold conditions tuck the baby into a t-shirt on the mother with a blanket or coat over both and make sure there is a path for air to flow to and from the baby.)

By sharing this time immediately after birth together, you strengthen the bond between you and your baby. Whether or not the people helping you seem rushed or stressed, you can tune in to your baby and connect with a calm knowing that the baby perceives you above all others. They are checking your pace. Breathe and focus on them, their eyes and their needs—in doing so, your calm will rise. During this transition from womb to outer life, both of you may be ready and eager to learn more about each other.

If you have no symptoms of COVID-19, you may not need to wear a mask. Infant attachment includes gazing at your face. If you are required to wear a mask, you might begin each feeding by taking a breath in, holding it, smiling at your baby with a relaxed gaze, and then putting the mask on to exhale.

If you are sick, the benefits of breastfeeding remain. At this time, there is no research that indicates that COVID-19 is transmittable through breast milk. See the [CDC's recommendations](#) regarding COVID-19, pregnancy, and breastfeeding.

A national emergency doesn't have to deprive you of the joy of greeting your baby. This is a precious time to take together. Trust the providers to take care of the details so you may focus on each other.

How Long to Stay in the Hospital?

Your provider and postpartum team will have a list of things to check before sending you home. The hospital under unusual circumstances may move a parent-baby team to a location away from the active birthing hospital area as

a protective measure. Your hospital may also decide to send parents home as soon as possible after birth. This is usually not before six hours and up to twenty-four hours after a normal vaginal birth.

If you have a particular issue that needs attention, you may need to speak plainly about it to make sure your caregivers understand your intent and need. Your caregiver may also bring up something about your individual health situation for you to consider.

Postpartum: The Babymoon

Your body and spirit may appreciate the quiet month(s) sheltering at home. But the lack of in-person support means more household care falls on the shoulders of the adults in the home. If you are one adult in the home, you'll cope best the first week by keeping hygiene up but other standards relatively low.

- Sleep when baby sleeps—this is absolutely great advice and all too little followed.
- Get yourself in a good position for breastfeeding.
- Have a pitcher of water, a glass, and a bowl of digestible snacks (dried organic apricots or carrot sticks and almonds) nearby.

Be gentle with yourself after giving birth. Giving birth when the nation is focused on handling a crisis brings about unexpected duties, lots of feelings, and sometimes restricted supplies or travel. All kinds of situations require patience, creative problem solving, and changes in plans. With all that around you, focus on the care of your baby. The relationship you build lasts a lifetime. Yes, healing and restoring bonds can occur throughout life, but seize the moment and give yourself permission to focus on yourself and your baby now.

Going Home

There's a big packing up for going home. In the COVID-19 period of time, you'll need to pack clean clothes in a bag that you don't open in the hospital.

In the car when leaving the hospital, cover the seat you may be sitting with opened paper bags or other disposable paper. Put your shoes in paper bags even if you continue to wear them because shoes can be the main way of tracking contagions out of the hospital.

Change your clothes and shoes as soon as you leave the hospital. Put the shoes and clothes you wore in the wheelchair to leave the hospital into a bag before

getting in the house. Leave your shoes outside or just inside your door and change all your clothes and wash your hands with soap for 20 seconds. Sing the alphabet song with the ending verse—and not too fast.

Set up a pitcher of water and a plate of simple food by your bed. Have a paper bag or tray with disposable or washable diapers, soft washcloths or hypoallergenic wipes for cleaning baby, four to six burp cloths, and a change of baby clothes. Two baby blankets nearby are handy. Have your phone and charger nearby but not too close to baby's developing brain. Now, tuck into bed for 24 hours. Stay off stairs for a week or two, if you can. Pee in a bucket if necessary to do so.

When the Birth Team Leaves a Home Birth

The midwife and assistant will have left instructions for when to call and will call you within twenty-four hours of the birth. Don't hesitate to call your midwife or doctor with questions. It's important not to get up and get into a daily routine the first two weeks. Reduce time on the stairs, reduce time on your feet.

Babies sleep a lot on day one and more on day two. By the end of the week, they may be awake for 30 minutes a couple times a day. Sometimes they may be staring off at one spot. In that state, they may like to look into your eyes. It's a precious time of connecting. When they look away, they are tired. It's OK—tomorrow they will do it again. When they look all around, at dark lines and bright windows, they are in adventure mode. They won't be lured into looking at your eyes then. Just wait, the love gaze will return.

At about twelve to fifteen hours old, most babies clear their throat and spit out a glob of mucus. They will make a throat-clearing sound. Turn them on their side for a moment. It is unusual for them to need any more help than that, if even that.

Call your family doctor or pediatrician if you or baby has a fever of 100.2°F or higher. Be sure not to overheat baby. If baby's temp is about 100–100.2°F, ask, Was baby sleeping between parents with a hat and blanket on or in a similar warm situation? If baby is breathing fine and otherwise acting fine, try this: Put your bare baby (with diaper) on your bare chest with only a light blanket on, and take your baby's temperature again after several minutes. Unless you are outside or have no heating on a cool night, your baby is not likely to need a hat. Not too cold and not too hot, skin-to-skin is just right. A blanket over both of you works fine. Protect the space baby needs for breathing easily.

Call if your bleeding fills a pad in less than an hour and does so two times in an hour. When you get up from the toilet the first night, you can expect more blood than before resting or after a first pee after resting. Urinating should slow the bleeding right down, as the empty bladder allows the uterus to contract more fully and comfortably. Call if the bleeding fills two pads in one hour or you can't see the bottom of the toilet with bleeding after urinating and flushing once. Massage your uterus as shown to you by your midwife or nurse. Urinating will also reduce the uterine contractions called afterbirth pains. Call if your bleeding smells bad, like old, unchanged cut-flower water. Call if you have persisting uterine pain in your lower abdomen, especially if there is a bad smell to the blood.

Call with a persisting headache, spots before your eyes, or ringing in your ears. Were you given a blood pressure cuff? Can you take your blood pressure the day after birth or the first full day you are at home? Report a high blood pressure reading.

Peeing in the tub is a way to relax the muscles and reduce stinging if there are little tears around the urethra after birth (not typical). Run a tub of warm bathwater and pee right in the warm water. Don't make it hot or you could feel faint. Call your provider if you still can't urinate. To help you poo easily, drink warm water and not cold until bowel movements are easy. Drink a gallon of water minus one big glass a day. Avoid sugary drinks and carbonation to reduce chances of thrush.

Baby is due to pee the number of times a day that baby is old: once on day one, twice on day two, and so on, for a week. After that, expect about 8-12 pees a day for a healthy one-week-old. Baby will poo often at first to clear the green-black meconium out of their intestines. Wipe a little olive or calendula oil on their bum and parts after cleaning so the next sticky stool is easier to wipe off. Baby's poo turns dark yellowish next and can come after every feed or once a day. Six to eight times a day is pretty typical for weeks two through six.

If baby's skin turns yellow in the first hours or the first day after birth, consult a pediatrician. If baby turns yellow at seven days old and baby acts normal—nursing well and every one, two, or at longest four hours—then baby is likely fine. If the whites of their eyes are yellow or they act sleepy and can't nurse well (not just needing a nap), consult a pediatrician that day.

A baby with an extremely high-pitched cry, like nothing you've heard, and that can't be calmed needs to be seen that day.

A baby who is so sleepy that they can't nurse and haven't been able to be woken up to nurse for six or eight hours needs you to talk to a breastfeeding professional.

It's good to know that many babies have a single good sleep about day two. This baby is OK if they have peed 2-3 times since birth, have a good suck, and then sleep five to six hours. This lovely long sleep (for a newborn) usually happens just one time about the end of day two. Get yourself to bed and sleep.

Every time the baby sleeps, take a rest until you are healed and mentally sturdy. Don't miss this opportunity. Babies sleep only 2-4 hours at a time in the first month, typically, and sometimes once a day they may sleep about 5 hours. Babies breastfeed easiest when fed on baby's cues.

Babies are wired to be held skin-to-skin. This develops the healthiest brain. You couldn't spoil a newborn if you tried. Together you will recover faster as this skin-to-skin stimulates uterine involution (shrinking back to the new normal size).



Credit Minnesota Birth Photographer Meredith Westin.

Spinning Babies® Virtual Support for Parents



The classic birth team photo taken after this birth shows the family's virtual doula (on the smart phone) The couple chooses to stay anonymous but shares permission to use the photo. Bee Johnson, Spinning Babies® Certified Parent Educator supported this family by sharing skills to help these parent's cope and find comfortable positions or techniques for ease in childbirth.

The Spinning Babies® mission is to educate parents and professionals in our approach to Easier Childbirth with Fetal Positioning and include a new

paradigm of Physiology Before Force in birth protocols worldwide. Here are some of the types of online support we offer parents:

Spinning Babies® Certified Parent Educators

Certified Parent Educators teach the Spinning Babies® Parent Class in person and online with pregnant parents.

Spinning Babies® community members are working harder than ever to offer accessible help for comfort in pregnancy and build confidence for parents during the pandemic. In light of the current health crisis, the recommendations for social distancing, the added demands on health-care professionals, and the isolation expecting parents are experiencing, Spinning Babies® Certified Parent Educators are playing a vital role, along with other birth educators, in easing childbirth.

Our Spinning Babies® Certified and Provisional Parent Educators are the foundation of our personalized support to parents. Parents register for their classes and download the Spinning Babies® Parent Class video. After the parents have watched the video, the Parent Educator joins the parents online and reviews their practice of techniques, answers questions appropriate to the childbirth educator's level of knowledge, and reassures parents with safe guidance of the Spinning Babies® approach.

Your Spinning Babies® Parent Class experience includes:

- 1) Online Parent Class video streaming/download given to you by your Spinning Babies® Parent Educator or Certified Parent Educator.
- 2) Access to the Spinning Babies® Parent Class Materials, another e-book, and activities checklists.
- 3) Private or small-group (you and up to four pregnant parents or couples) video conference call to go over questions and practice techniques.

Find [Certified Parent Educators in this directory](#).

Spinning Babies® Parent Class

Babies have a very important and active role during labor. While your job is to dilate; baby's job is to rotate! Babies turn through your pelvis to be born. The Spinning Babies® Parent Class is an ideal opportunity for you and a partner to learn techniques to help bring balance to your body and address any restrictions in your pelvis in order to make birth easier. After this class, you will better understand how your baby can find optimal positions for labor and make birth less painful—even pleasurable! For expectant parents only.

Find [our Parent Class video at this link](#), if not taking an online course with our Certified Parent Educator.

Spinning Babies® Aware Practitioners

Aware Practitioners are bodyworkers who have been trained in a bodywork protocol intended to allow:

- Comfort in pregnancy
- Spontaneous change to a more optimal fetal position
- Less pain and more ease in labor
- New anatomical space made by reducing tensions and torsion in the fascia

Parents of a breech baby, for instance, may try our free page of recommendations and our *Helping Your Breech Baby Turn* e-book and still find they need a professional to guide their situation. Each practitioner does techniques according to their title, scope of practice, and skills. Some are offering online consultations. Results occur on an individual basis.

Find the [directory of Aware Practitioners here](#).

Public Statement

Spinning Babies® and the Spinning Babies® Approved Trainers have worked quickly to maintain our commitment to maintaining our message as we've stayed home to help reduce the rate of pandemic COVID-19 across the world.

We will continue to support our community of birth workers and expectant families around the world. Read our statement of how we respond at

<https://spinningbabies.com/spinning-babies-response-to-the-coronavirus/>.

Resources

Evidence Based Birth® [Podcast: Advocating For Yourself During Labor with Heather McCullough](#)

<https://evidencebasedbirth.com/covid19/>

[COVID-19 Evidence Based Birth® Resource Page](#)

[WHO: Q&A on COVID-19, pregnancy, childbirth and breastfeeding](#)

Center for Disease Control

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>

The 30 Articles on Human Rights can be read at <https://www.humanrights.com/what-are-human-rights/universal-declaration-of-human-rights/articles-01-10.html>

Birth Monopoly,

<https://birthmonopoly.com/covid-19-and-doula-support-how-to-respond-to-changing-hospital-policies/>

March of Dimes,

<https://www.marchofdimes.org/complications/coronavirus-disease-covid-19-what-you-need-to-know.aspx>

EmerGently brochure for emergency situations,

<https://www.sistermorningstar.com/product-page/emergently-brochure-10-pack>

Safety

Like all matters of the heart,
As in all true passions of art,
Birth calls for the fullness of our commitment.

To give ourselves fully is to be met fully
For Spirit responds as is trusted.

Birth brings us face to face with the mystery of us.

Protect Your Baby

Be gentle with abdominal sifting with the Rebozo or other cloth. Sifting is like a vibration not a shake. When the placenta is implanted on the front wall of the uterus, you can do sifting, but not in a way that is shaking or pulling hard on the abdomen. I don't recommend shaking the abdomen and certainly not with an anterior placenta. A gentle jiggle is an enjoyable experience for you and baby alike.

Protect the Placenta

Don't do the following techniques if there is bleeding or possible bleeding from the placenta: Forward-leaning Inversion, Side-lying Release, Dip-the-Hip, Rebozo Manteada (sifting) of the abdomen, or any actions that jolt or shake the body (shown in this e-book or not). In a tiny number of pregnancies, the placenta peels from the womb before birth, and we do not want to aggravate a placenta that has shown signs of abruption or partial abruption.

Protect Yourself

Don't go upside down in Forward-leaning Inversion, Open-knee Chest or yoga inversions if you have high blood pressure, preeclampsia, or other risk of stroke. People often forget how long it is recommended to do FLI or how to prevent a fall and recommend it without these safety points. Please read the description on the page.

Don't do Side-lying Release if you have super loose joints. You will get pain from doing it. Everyone else gets comfort from SLR! Hypermobility is a contraindication.

Physiology Is Safe

Our own physiology is Nature's way to optimal health and easier childbirth. Statistics show spontaneous onset of labor and finishing without or with the least amount of intervention is safest. When intervention is suggested, ask the questions to be sure the intervention will be a tool to help you and your baby to a safer outcome than would have been possible without the intervention.

Birth is a life-setting moment of birth for your best life, and that is worth sharing with this child, and therefore, future generations in your family. We hope that you find Spinning Babies® is a gentle invitation to be with your body and your baby with confidence and love.

Gail Tully, Certified Professional Midwife,
welcomes you to SpinningBabies.com
We seek to be a relevant resource to reduce suffering
in childbirth and enhance the physiology and joy of
childbirth. Free resources, downloads, products and
course await you at SpinningBabies.com

