

## Welcome to Spinning Babies<sup>®</sup> for Labor and Delivery Nurses.

Nurses carry their passion to every birth. We hear the praise of parents for the special efforts of their Labor and Delivery Nurse. Amidst your busy schedule you find time to bring that cold wash cloth, explain the situation, arrange a peanut ball, or tuck a new family in with warm blankets. Thank you.

Spinning Babies<sup>®</sup> is a physiological childbirth approach that can be adapted into any setting for comfort and labor progress. You can learn a single technique to reduce someone's back labor, or you can adopt our Physiology Before Force<sup>SM</sup> paradigm. Small, dedicated groups of nurses have reduced cesarean rates in their own hospitals by applying Spinning Babies<sup>®</sup> systemized arrangement of techniques. SpinningBabies.com provides solutions for common labor situations: the start and stop labor pattern (frequent flyer coming into triage), lack of fetal engagement, babies stuck at the spines, slow progress in pushing or not coming around the curve at all.

Spinning Babies<sup>®</sup> empowers nurses. Pregnant patients appreciate these skills, and their own parents sometimes ask, "Why didn't anyone know to do this when I was having a baby?" When a nurse is looking for an alternative to a cesarean, Spinning Babies<sup>®</sup> is the first source for fetal rotation support.

You can learn more about Spinning Babies® by:

- Visiting SpinningBabies.com
- Signing up for our Provider eNewsletter
- Attending a Spinning Babies<sup>®</sup> Workshop
- Buying our Quick Reference Guide

Spinning Babies<sup>®</sup> offers something you might not have learned in school. You may be delighted to find something here that can help a family in your care tonight.

Joyfully welcoming you,

#### Gail Tully, Creator of Spinning Babies®

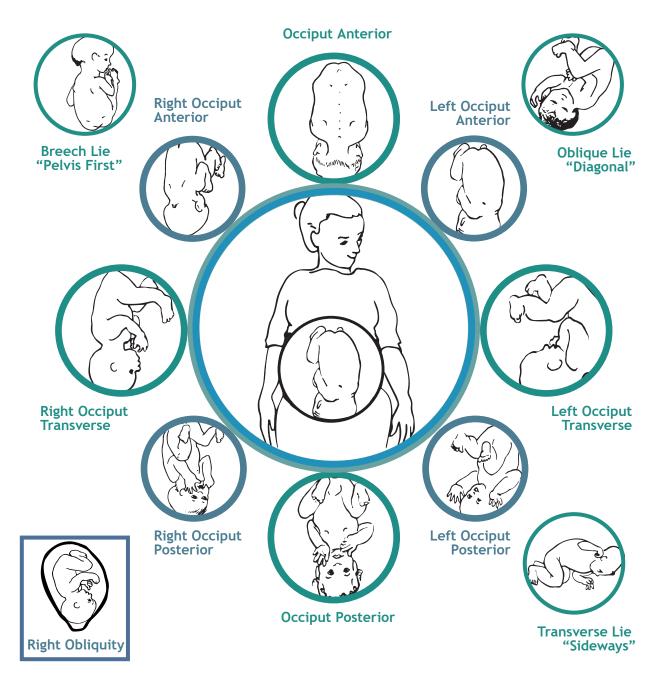
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# Baby Positions

Kicks and wiggles help reveal baby's position in the womb. Flexion and extension of baby's spine influences labor. Normal "right obliquity of the uterus" makes left positions ideal.



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## Three Sisters of Balance

 ${\mathscr B}$ efore choosing a birth position or an intervention, use the Three Sisters of Balance.

 $\mathcal{T}$ raditional wisdom meets new techniques. Each of our "Sisters" supports the other. Use these natural muscle stretches to "make room for the baby"! Ease labor pain and help baby slide out.



### Rebozo Manteada

Gentle jiggling of abdomen or hips creates calm in body and mind.

Kneel on a pillow and lean on ball or bed. Relax your breath.

In early labor, your helper gently lifts your belly and begins slow, small circles. Sift for 4 minutes, stopping for contractions. Gently let the belly down.

In active labor, jiggle the hips to enhance labor progress.

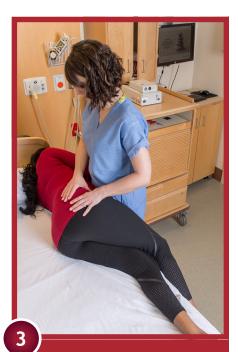


#### ${\mathcal F}$ orward-leaning Inversion

Let baby come down and open your cervix easier by carefully resting upside-down to adjust your cervical ligaments.

On your knees, hold the edge of the bed and lower yourself to your elbows. Tuck your chin and relax your belly. Hold for 30 seconds or through one contraction.

Coming up to kneeling creates more ease in the cervix and reduces back pain. Repeat as needed.



#### $\mathcal{S}$ ide-lying Release

The weight of the hanging leg lengthens muscles, making them supple. Reduce pain and help baby rotate to fit better.

The nurse or birth partner helps your hips remain stacked, absolutely straight at 90 degrees from bed. Don't let your hips or shoulder tip.

Rest like this for 2-3 contractions on each side for best results. Useful to improve baby's position and ease labor.

Find instructions and safety tips at  $\mathcal{S}$ pinning $\mathcal{B}$ abies.com

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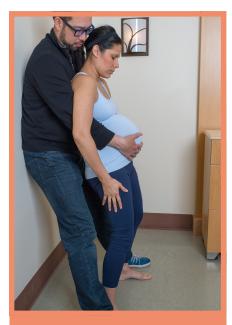


# Birth Positions

### **Chree Levels Solutions**

 $\mathcal{S}$ pinning Babies<sup>®</sup> teaches positions to open each level of the pelvis to "make room for baby"!

 $\mathcal{A}$ fter body balancing, open the pelvis. Ask, "Where's baby?" Your doctor, midwife, or nurse will help you know. Match your birth position to baby's pelvic station.



### Open the Top

Baby is high, not engaged. Help baby engage into the pelvis:

Flatten your lower back on the wall or your partner. Lift and tuck your belly. This tips baby in while making room at the top. Do through 10

contractions in a row, relaxing in between.

If in bed, put soles together and knees apart with knees lower than hips.



#### Open the Middle

Baby is well-engaged, 0 Station. Help baby through the middle:

Lunge to the side to let baby. Rock gently during contractions. Do 3 on each side, and repeat.Or, try a peanut ball.



#### Open the Bottom

+2 Station, or you see baby.

Make more room for baby:

Grab a long cloth held by a knot behind a closed door. Squat with a curve in your lower back while pushing. Your tail bone moves out of

baby's way.

If in bed, lie on your side with knees together and feet apart. Your sitz bones open for baby's head.





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