



Powerful Mamas Preferred Positions for an Active Labor

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It's time to learn some popular positions for active labor that will assist in managing pain and encouraging labor to progress.

We will discuss many of the common positions women find comfortable for active labor and for pushing.

Come back to these exercises again and again until you AND your partner feel comfortable using each of these coping techniques.



Positions for Active Labor



This is the side-lying release you learned under pregnancy exercises. It can relax the pelvic floor, especially if labor is stalled.



Using a peanut ball opens the pelvis and is an excellent option for a woman with an epidural, or a woman that just needs to rest. Pillows can be used instead, but they shift and don't work quite as well.



The heat from the shower can be very comforting, while maintaining an upright position that assists in progress.



This position combines "shaking the apple" with putting a rebozo or sheet under the upper thighs and pulling back slightly. It can help make pushing more effective.



Using a rebozo or bedsheet to GENTLY sift the belly, either side to side or using a bicycling motion, can help a stalled labor from a potentially malpositioned baby move into a better position for birth.

*The wrists of the support person should not move more than an inch or so - this is NOT an aggressive movement!



The Knee Press, Part 1:

This position helps relieve back pain by pushing the femur bone into the lower back muscles, forcing them to release a bit. Make sure the woman does not have knee problems before doing this!

The Knee Press, Part 2:

Start by cupping the knee cap with your palm, then shift your palm slightly under the knee cap while pushing in and up, quite hard. The woman should shift upward slightly and feel a gentle release in her lower back.





Leaning over the back of a chair or even sitting backwards on a toilet can be quite comfortable in labor. It can also help the baby move into a better position for birth.

Any position that leaves the mother's back open is excellent for applying counter pressure.





When the mother has a contraction she may want to lean back into her support person. They should make sure their knees are slightly bent and firmly set while holding some of the mother's weight.

Do NOT bend at the back - bend the knees instead, or else the support person could injure their back.



ANY asymmetrical position, where one side of the pelvis is shifted higher than the other side, can help labor progress and position a baby better for birth.



Squatting is an exercise best saved for pushing, since it CAN close the opening of the pelvis if done in early labor before the baby is fully engaged. When done after engagement, squatting widens the lower area of the pelvis, creating a bigger opening for the baby.



When squatting for birth, make sure the knees do not go beyond the mother's toes. (In this photo her knees are slightly too far forward!) The mother could injure her knees if they are too far forward. Also, the mother's bottom should sink almost to the floor.

The side lunge position creates asymmetry, which can help a baby rotate and turn into an ideal position for birth. It can also help progress labor. When the mother leans into her raised knee, make sure she does not push her knee ahead of her raised toe. We must protect her knees! Also, this is different than a runner's lunge - Notice the feet are placed at a 90 degree angle, opening the pelvis. A runner's lunge would have the feet placed parallel to one another, closing the pelvis. Try lunging on both sides. If one side feels better than the other, focus on just that side for a while since it may indicate the baby needs to turn that direction.



Sometimes when the abdominal muscles are weak or have been stretched by previous pregnancies, the baby can shift to a position that is very low and hanging almost in front of the pelvis instead of above it. This can create problems for engaging the baby in the pelvis.

Start by cupping the knee cap with your palm, then shift your palm slightly under the knee cap while pushing in and up, quite hard. The woman should shift The Abdominal Lift, shown here, can align the baby more directly on the woman's cervix, helping correct engagement issues and/or aiding in progress in a slowed labor.



After trying 5-10 abdominal lifts hopefully the baby will be aligned more directly on the woman's cervix and possibly even engage in the pelvis, (shown here).



Sometimes the mother just needs to rest. This side-lying position, with the upper leg supported by pillows at about hip height, can be very relaxing. This is also a good position if the mother has been told she has a "lip", or small amount of cervix, on just one side. In that case, have the mother lay on the side that still needs to dilate. The pressure from the baby's head resting on that side of the cervix may finish the job!



This position is known by multiple names - The Exaggerated Sims Position, The Texas Roll, or what I like to call the "Corkscrew Position". Notice the mother's back arm is lying flat to the bed along her side behind her. Her chest **MUST** be as flat to the bed as possible, while her hips are stacked at a 90 degree angle to the bed. The final step is lifting the upper leg and moving the knee as far forward as comfortable, holding it in place with either pillows or a peanut ball. *This position can be magic! It's hard to get into, but often the mother can rest (once settled) while more pressure is applied to her cervix by the baby moving downward. If the baby is at a high station, this is often a great position for progress!



Leaning forward into a wall can create a feeling of stability during a contraction.

Leaning forward into a support person can help ground the mother during a contraction. Support people, make sure to bend your knees if necessary so as not to injure your back!





An exercise ball, or "birth ball" can be amazing in labor. Just make sure you have the correct size recommended for the mother, based on her height. If it is too small the mother could end up slightly squatting, which could close the opening to her pelvis and prevent engagement in early labor. Likewise, if the ball is too big, the mother could feel wobbly, or even fall.



Leaning over a ball can be done in a hospital bed or a bed at home to protect the mother's knees from hard surfaces.

Leaning over a ball allows the mother to rest in a hands and knees position without having to hold her weight. This is excellent for back pain.



Many mothers like to lean into their partner or doula for comfort and rest while on the birth ball.



The slight inversion created by placing the mother's head on the floor with her bottom in the air can help disengage the baby from the pelvis. This might be a good idea if the mother is having a lot of back pain, (indicating the baby might need to turn away from her spine). Dislodging the baby can help create a little wiggle room for the baby to turn and re-align in a better, more comfortable position for mom.



Walking up and down stairs, maybe even two at a time, can stimulate labor and increase contractions. Just be careful you don't wear yourself out!!! Stairs are also very helpful for doing lunges to rotate a baby - notice that the mother's feet are at a 90 degree angle as discussed previously.

Leaning over the back of a hospital bed can be very comfortable in labor while still using gravity to your advantage... Notice the pillow wedged under her belly - some women like this for comfort, some don't.



Creating a pile of pillows can mimic raising the back of a hospital bed. * The mother could also choose to face forward in this position, similar to sitting on a "throne". Just be cautious she doesn't lean slightly backward, which could turn the baby, causing back pain.

Pelvic Tilt, Part 1: Neutral Position (flat back, knees slightly apart). Pelvic tilts are excellent pregnancy exercise, but they also help position the baby well during labor!



Pelvic Tilt, Part 2: Notice the mother maintains as flat a back as possible while tightening her glutes and curling her tailbone under and in, towards her belly button. The lower abs should be engaged.



This inversion exercise is recommended as part of the Three Sisters exercises from Spinning Babies®. When done correctly the woman's chin is tucked to her chest. She should not be in this position more than three breaths. Also make sure to assist her going down and coming up in case she is light-headed. Be sure to ask for your provider's approval before doing this. The goal is to create balance in the uterus and its ligaments so that the baby can align correctly in the pelvis.



Wall squats are an excellent way to build up strength for squatting during the pushing stage of labor. Remember to protect the knees by keeping them behind the toes!

Butterfly sitting can open the pelvis, creating more room for baby. Be sure NOT to bounce the knees, which can cause injury. Also, do not stretch further than is comfortable.





Side-lying while pushing opens the tailbone, allowing it to flex wider. Pulling the knee up and tucking the chin to the chest creates a powerful push! *Note that side-lying can also slow the pushing phase if the mother would benefit from more stretching before or whilst crowning!



Many women enjoy pushing in this upright seated position. It works both at home and in a hospital bed with the back raised. At home, the partner may want to sit behind the mother for stability and comfort. The mother will get more power by tucking her chin to her chest and grabbing behind her OWN knees and pulling back, rather than having someone else pull back on her legs. *Do keep in mind that the tailbone cannot flex as easily in this position, so a larger baby might benefit from a different position!



Hands and knees can be very comfortable for labor AND is excellent as a pushing position for many women.

When pushing on hands and knees, some women like to sit back into their heels during the contraction, then lean forward to rest in between.





Limit using squats to short bursts during labor, particularly if labor has stalled. It is much more useful for pushing than for labor. (Squatting can close the pelvis inlet if your baby is not yet engaged, or "dropped", to at least a zero station).

Positions for Pushing



ANY asymmetrical position, where one side of the pelvis is shifted higher than the other side, can help position a baby better for birth.



Creating a pile of pillows in a home or birth center can mimic raising the back of a hospital bed.



Side-lying while pushing opens the tailbone, allowing it to flex wider. Pulling the knee up and tucking the chin to the chest creates a powerful push! *Note that side-lying can also slow the pushing phase if the mother would benefit from more stretching while crowning. Side-lying can also help stabilize the baby's heart rate in some cases.



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Hands and knees can be very comfortable for labor AND is excellent as a pushing position for many women.

When pushing on hands and knees, some women like to sit back into their heels during the contraction, then lean forward to rest in between... do what feels right to YOU!





Using a sheet or rebozo around a support person's shoulders gives the laboring woman something sturdy to hold on to while distributing her weight evenly. Keep in mind you may also ask for what's known as a "squatting bar" in most hospitals. It attaches to the hospital bed and gives the woman something to hold on to while squatting in the bed. This is helpful if policy does not allow the woman to push outside of the bed.

Using a peanut ball opens the pelvis and is an excellent option for a woman with an epidural, particularly during the early phase of pushing before the baby has begun to crown.



