

Spinning Babies

Disclaimer: The following is not a medical recommendation, but is offered for informational purposes only. A doula is not a medical care provider and I advise my clients to clear any positioning or other interventions with their physician or midwife before attempting. This is a synopsis of information offered by Gail Tully, CPM on www.spinningbabies.com. This is not complete information and the website should be consulted for full directions and information. I take no responsibility for this information. Mary Gillett, CD(DONA)

Three principles of Spinning Babies –

We often use gravity and movement, but forget about **balance**. The rotation of the baby is as important as dilation of the cervix. It is like rotating a key in a lock! The chin tuck of the baby is often more important than whether they are facing back or forward.

1. Balance – of the bones in the pelvis, the muscles, fascia and ligaments of the reproductive system. Without balance, the next two principles will not work properly.

- Myofascial release with a qualified practitioner
- Prenatal yoga with a certified instructor
- Robozo “sifting” on hands and knees or standing
- Forward leaning inversion (see below) on a daily basis throughout pregnancy
- Oppositional “panther” crawling (or picking up toys that a toddler has left on the floor!)
- Daily walking with a wide gait
- Pelvic tilts (Cat and Cow)

2. Gravity – will move the baby with...

3. Movement - maternal positioning changes will encourage the baby to rotate and descend.

Two postures for every pregnancy:

1. **Hips higher than knees** – forward leaning on birth ball, cross legged on pillow, or backwards on chair
2. **“Rest Smart”** – belly button “flashlight” ALWAYS pointed straight out or down, using pillows, ring, or boppy when side lying. “Hang the baby in a hammock.”

Labor activities for balance, gravity, and movement:

- Rest smart – no laying on your back
- Standing and leaning during contractions
- Lunges with turnout – both sides – do not overextend the knee.
- Birth march or walking
- Abdominal lift and tuck – standing or on knees (cat and cow)
- Rebozo sifting
- Squat to open mid pelvis (supported by partner or hanging) – always flat feet
- Figure 8 “salsa” on birth ball

Belly Mapping – consult the website for an in-depth instruction in finding your baby’s position

Why do a daily inversion?

Balance! The lower part of the uterus can get a twist in it from poor posture habits or a sudden stop (accident, fall, or sports). This effect is not uncommon among women who twist to do their work (massage therapists, nurses, chiropractors, etc.) or who hold a child on one hip frequently. A twist in uterine ligaments can put the lower uterine segment into a slight twist which reduces the room for the baby to have a good head-down position.

Letting the uterus hang for 30 seconds from the uterine ligaments stretches these ligaments. Swinging back up relaxes the uterine ligaments and makes room in the lower uterine segment. With repetition, the womb becomes more balanced creating more room for the baby to settle. **Repeat daily. Just 30 seconds is long enough!** Help the uterus into a more symmetrical position and the baby will follow.

How to Do a Forward-leaning Inversion:

1. Kneel on the edge of a couch (or the top of the stairs). Have a spotter as you do this to guard against falls. Use a stable surface that will not shift.
2. Carefully lower yourself to your hands on the floor and then lower yourself to your forearms. Elbows out, hands close.
3. Let your head hang freely. Your chin is tucked. Your head will pound the first 4-8 times you try this to signal an unusual change in position, but it will adjust thereafter.
4. Your knees are close to the edge, your bottom is highest. Do not rest your thighs on the surface as there will be no release.
5. You can flatten your lower back (posterior pelvic tilt).
6. Take 3 slow breaths. The first to relax, the second to release and with the third allow your uterus to drop and stretch. 30 seconds is plenty. **NO MORE.**
7. Come back up on your hands then lift yourself up to a kneeling position again.



How to come out of an inversion

Rise up using a table or partners shoulders and kneel on the top step, couch, or bed - or, slide both knees off together so you don't twist your sacrum. Protect your joints by keeping your knees at the same level (and hip width apart). Follow with crawl, pelvic tilts and resting smart.

DO NOT:

- Crawl off the couch one knee at a time. It will twist your uterus.
- Do not do this inversion if -
 - If you have very high (or very, very low) blood pressure, or are otherwise at risk for a stroke,
 - You have been told you have too much amniotic fluid around your baby,
 - Right after eating (do it when you don't have heartburn),
 - In pregnancy, the abdominal tone is unusually loose and your baby flips breech easily,
 - The inversion causes pain (remember, your head may pound a bit for the first few times.)
 - In labor, if labor progress is normal,
 - In labor, if there had been abundant fluid, AND the baby is high, -2 station, **and** the water has released with baby's head high.
 - You don't feel that this is right for you.

Spinning Babies – The Breech

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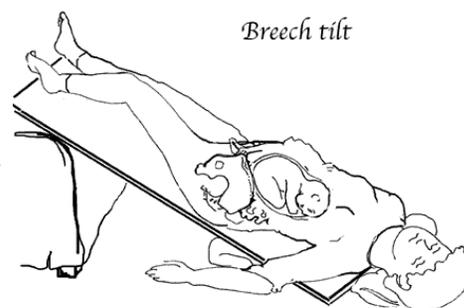
This outlines just two suggestions made on this website for turning a breech. There are a number of other specific instructions under the [Inversion article](#) and [Flip a Breech](#) under Baby Positions on www.spinningbabies.com.

NOTE: Don't do inversions for women at risk of stroke, who have high blood pressure which warrants medical supervision. Both techniques work best after a 30 second forward leaning inversion.

Breech tilt–

The Breech Tilt is a widely known inversion technique to help a breech baby flip to a head-down position.

Use this technique 1-3 times a day if you are told your baby is breech. You can start as early as 30-32 weeks and continue through to the time that you know that your baby is head down. Some doctors suggest starting later because most babies flip on their own. The Breech Tilt is not invasive. Ask your doctor if there is any medical reason not to do a Breech Tilt for your breech baby starting after 30 weeks. Alternatively, the [Forward-leaning Inversion](#) is recommended at any weeks gestation for any fetal position. This is NOT to be confused with the Open Knee-Chest position described below which is only for specific situations.



The Breech Tilt works on two Spinning Babies Principles:

1. Balance - The womb hangs from cervical ligaments stretching the ligaments slightly. When you get up the ligaments relax. With repetitions, this helps the lower uterine segment become more balanced. Combine with the forward-leaning inversion (discontinue for 3 days after the baby flips head down) and chiropractic with Websters.
2. Gravity – This position moves the baby onto his or her head. The weight of the baby's body now bends the neck to help the chin to tuck on the baby's chest (flexion). Tucking the chin helps baby flip, just as it helps a gymnast flip. Also, the hips are encouraged to either come out of the pelvis or stay out of the pelvis. After the chin tucks, the baby is ready to move head down- if there is room to get the head to swing down and there is room in the lower uterine segment to receive the head.

Instructions – Get a broad plank of wood, like an ironing board. Prop it at an angle against the couch or a chair. A few pillows stuffed around the base will help prevent tipping. Another pillow goes under your neck. The funny thing is next. Lie on the board with your head down and feet resting on either side of the board on the couch. Try it a couple times to get it right.

Remain on the board for up to 20 minutes, 3 times a day. Follow with resting smart.

Open Knee-Chest

The Open-knee chest helps back the baby out of the pelvic brim and start again in a better position.

- In pregnancy? Only for breech babies!
- In Labor? Only for jammed babies in labor, not for babies still floating!



Never do Open Knee-Chest when the head down baby is NOT engaged and floating!

How to do the Open Knee-Chest position

There is a level of commitment to make this technique work and it is unlikely to be successful without other inversions such as the forward leaning inversion and the breech tilt.

The Open Knee Chest means the knees are away from your pubic bone. The "Open" doesn't mean that your knees are far apart. They are simply hip width apart.

"Open" means there is a wider distance from your spine to your pubic bone! Your knees are as far apart as your shoulders are, so not very far apart. Partner can use a Rebozo like reigns around the mother's THIGHS to support her weight while she rests in this position and lets the baby reposition. The rebozo is NOT on the abdomen or the baby. It is wrapped on the thighs to hold some of mom's weight (see photo on website).