

**Push-Prep  
&  
Birth Pearls  
from a Pelvic PT**

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# Disclosure Statement

This presenter has no relevant financial relationships to disclose. There are no relevant financial relationships with ineligible companies for those involved with the ability to control content of this activity.

# Objectives

- What is Push-prep & how is it helpful for expectant mothers?
- How do the mechanics of the pelvis affect labor and birth?
  - What can healthcare and support personnel do to take advantage of these pelvic changes to help our moms during labor and birth?
- Understand latest research on pushing mechanics.

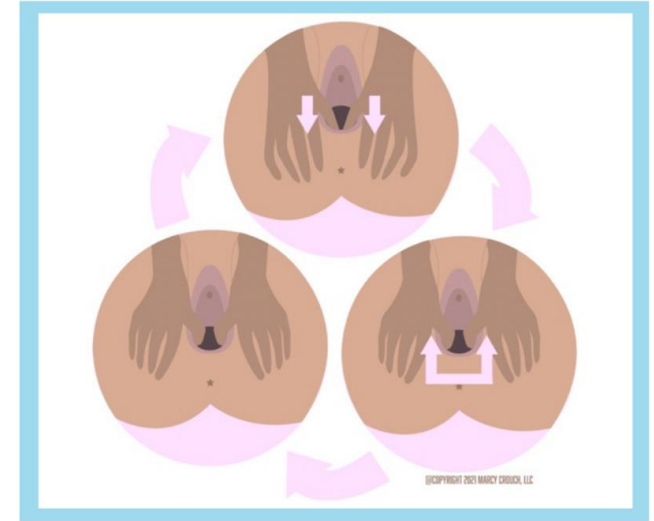
# Push Preparation

What is the pelvic floors job during birth?

- Lengthen, soften, relax, open

Start around 34-36 weeks

- Goal - “Practice like we play!”
  - Tissue Mobility - Perineal Massage
  - Motor Control - lengthening of PFM and breath mechanics
  - Birth (& labor) Positions - partners, complex issues, preferences, most effective for the mother.



# Why is Push-Prep Helpful?

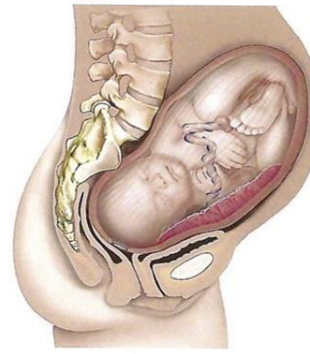
- Research says it can decrease the likelihood of perineal trauma
- Decreases the frequency of episiotomies
- Decreases the length of 2nd stage of labor

# Fetal Rotation and Descent

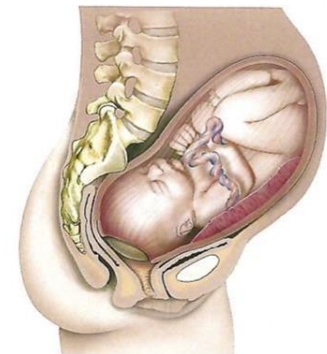
Thanks to the hormone Relaxin, the pelvis has more flexibility that can be utilized with different movements to guide baby through the rotation and descent.



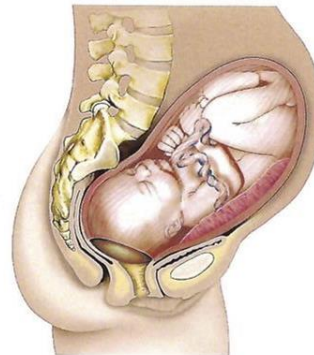
Before Labor Begins



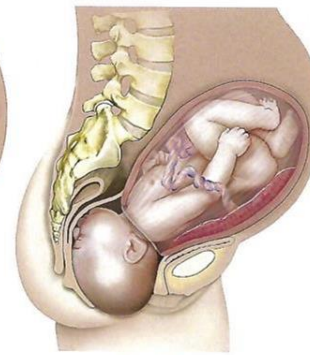
Early Labor



Active Labor



Transition



Pushing

# Flexible Sacrum vs. Non-flexible Sacrum

## Upright Positions

kneeling, standing, hands & knees, side-lying, squatting

### Benefits:

- gravity assists in bringing baby down & out
- better oxygen supply to the baby
- improved position for baby to pass through pelvis
- less likely to have instrument assisted birth, need an episiotomy, or have abnormal fetal heart rate patterns

## Medicated vs. Unmedicated

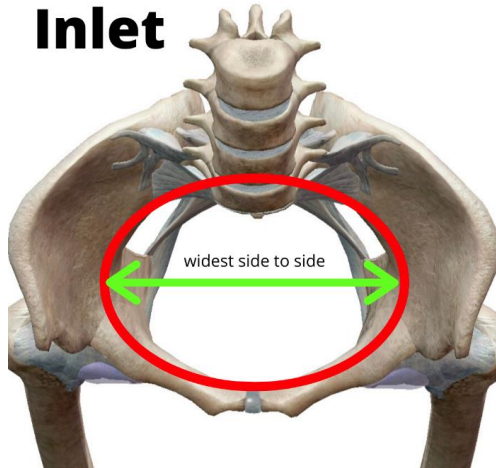
- lots of options for keeping a flexible sacrum!
  - squat bar, kneeling, sidelying, hands & knees all options in the bed
  - \*does depend on sensation and ability to independently move (strength of the medication)

# How to Help Baby Engage

## Open the Top of the Pelvis

- Inlet of the pelvis is open more with wide knees and tucking the butt underneath.
  - Can lean forward on bed, partner, hold on to sturdy object for more support.

### Inlet

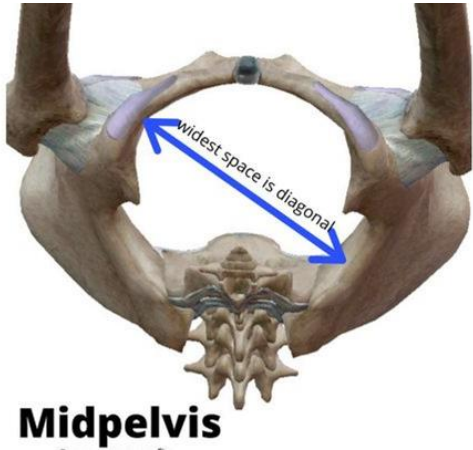




# How to Help Baby Rotate

## Open the Midpelvis

- The midpelvis is opened more with diagonal and uneven hip movements.
  - Other options: side lunge positions, rocking of hips asymmetrical, side-stepping up stairs



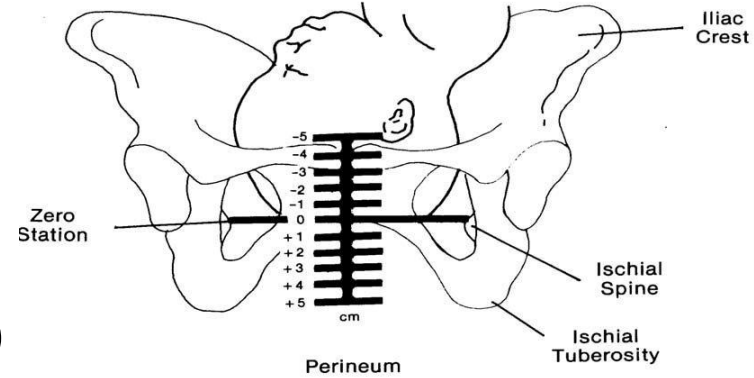
# Baby's Station

Station of baby -3 to 0 (above pubic bone)

- Open upper midpelvis
- Asymmetrical external rotation of hip

Station of baby 0 to + 5 (below the pubic bone)

- Open lower midpelvis
- Asymmetrical internal rotation of hip



# Unmedicated Labor Positions



# Medicated Labor Positions



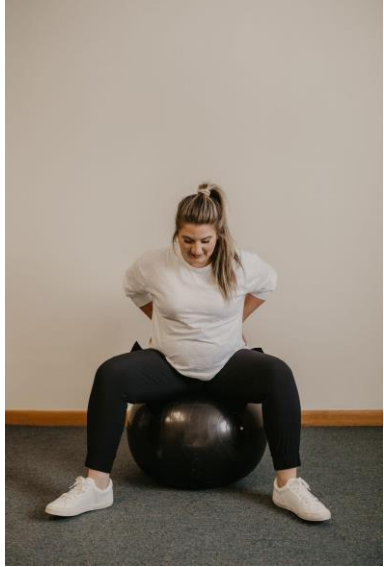
Throne position can decrease effectiveness of epidural. Should not be used for more than 20-30min at a time. Very effective at using gravity to help baby descend and open the pelvis. →

# Positions for All Stages of Labor





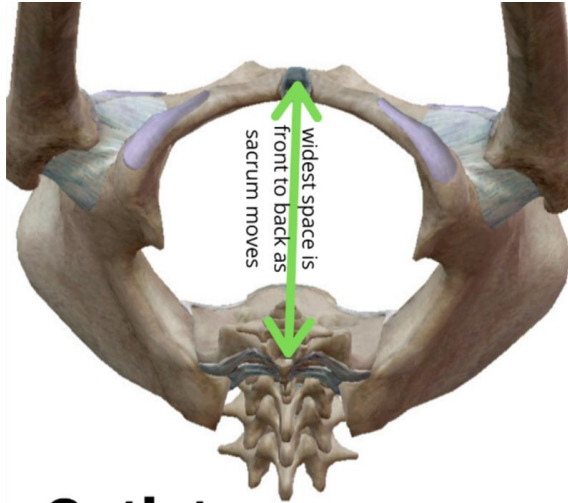
# Positions for All Stages of Labor



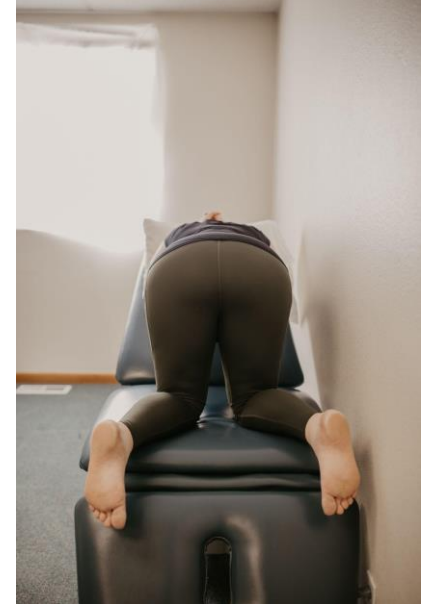
# Open the Outlet

Open the Bottom of the Pelvis

- The bottom of the pelvis opens more with knees in and ankles out.



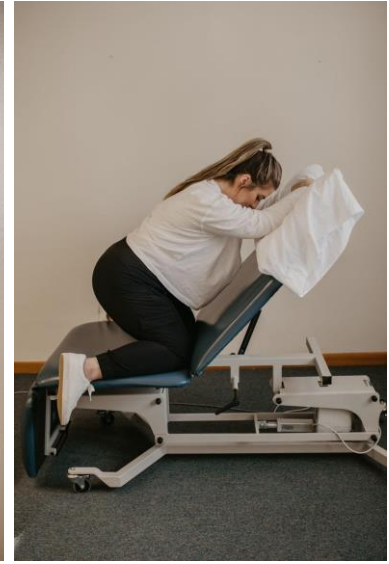
**Outlet**



# Pushing Positions



\*Medicated births will depend on how much feeling mom has in her legs what positions she can tolerate.





# Spontaneous pushing vs. Coached pushing

## 10 CM & Crowning (+5)

- 6 seconds vs. 10 seconds
- Open Glottis
- Deep groans
- Horse lips
- Loose and relaxed
- Visualize baby, almost done!
- Mirror
- Tactile feedback



Slow down labor, breathe the baby out.

# BENEFITS OF USING GRAVITY & SPONTANEOUS PUSHING

## GRAVITY

- Gravity assists in bringing the baby down and out
- Better oxygen supply to the baby
- Helps the uterus contract more strongly and efficiently and helps the baby get in a better position to pass through the pelvis
- May increase maternal satisfaction and lead to more positive birth experiences
- Additionally, you are less likely to have a forceps or vacuum-assisted birth, episiotomy, and abnormal fetal heart rate patterns

## SPONTANEOUS PUSHING

- Spontaneous pushing is your response to a natural urge to push that comes and goes several times during each contraction.
- Responding to the urge to push with short periods of breath holding in a calm, unrushed environment has many advantages.
- Your baby will get more oxygen through the placenta.
- You will be less likely to become physically exhausted.
- There is less chance of trauma to the perineum or the muscles of the pelvic floor.

**QUESTIONS???**

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