**AFFINITY® 4 BIRTHING BED**

**Labor Positions**

**THE THRONE POSITION**

The throne position is achieved by completely raising the back of the bed up and lowering the foot section. It can be used intermittently to help the baby descend. The mother’s weight on her ischial tuberosities helps to open the posterior part of the pelvic inlet. Place the soles of her feet against the calf support away from the bed or by drawing the mother’s upper leg up towards her abdomen and straightening her lower leg, a side-lying lunge can be achieved. This position allows for easy access to the sacral area. Gentle pressure can be applied to facilitate a lunging movement.

**McROBERT’S POSITION**

In the instance of a shoulder dystocia, McRobert’s position can be quickly accomplished by placing the mother flat by pulling the CPR lever and raising the foot section of the bed. Place the soles of her feet against the back lip of the calf supports, this will rotate the mother’s legs back against her abdomen.

**SEMI-PRONE/SIDE-LYING LUNGE**

By drawing the mother’s upper leg up towards her abdomen and straightening her lower leg, a side-lying lunge can be achieved. The alteration of side-lying positioning helps rotate a posterior baby. This position can be achieved by pulling the calf support away from the bed or by placing the mother’s leg on pillows. Gentle pressure can be placed against the elevated foot to achieve a lunging movement.

**SEMI-FOWLERS WITH CALF SUPPORTS**

If the mother has an epidural, she can be placed in a high semi-Fowlers position with her legs in the calf supports to peel down. When the baby’s head has crowned and the birth is imminent, the mother can then begin to push.

**KNEELING OVER HEAD OF THE BED**

Kneeling is an alternate position for mothers who are unable to use the squatting position, or who experience back pain. This position provides easy access to the mother’s lower back for massage or hot/cold compresses. Constant back pressure can be applied to the sacral area. The mother can indicate where to apply the pressure and how hard. If the mother has had an epidural or has a low-dose epidural, the support persons can hold her knees and the birth is imminent, the mother can then begin to push.

**SUPPORTED FULL SQUAT**

If the mother does not have an epidural or has a low-dose epidural that enables her to support herself with her legs, she can get into a full squat position with her legs in the calf supports to peel down. The feet can be placed on the support bar or a towel or draw sheet placed around the bar can help the mother push more effectively — particularly if she has epidural anesthesia. This “tug of war” pulling effect helps her contract her abdominal muscles. The feet can be placed on the bar and the support persons can hold her knees if the mother has an epidural.

**POSITIONING FOR SECOND STAGE: LABOR BAR WITH TOWEL PULL**

Using the labor bar with a towel or draw sheet placed around the bar can help the mother push more effectively — particularly if she has epidural anesthesia. This “tug of war” pulling effect helps her contract her abdominal muscles. The feet can be placed on the bar and the support persons can hold her knees if the mother has an epidural.

**SITTING ON LABOR BALL**

Rocking back and forth while sitting on the labor ball decreases pain, promotes relaxation, opens transverse and anterior-posterior pelvic diameters while facilitating fetal descent. The smaller ball may be used if the mother is large. If the mother does not have an epidural, she can bear weight on her knees. The mother’s back looks like the letter “C.” This position can be used with an epidural for 30-45 minutes between side-lying positions.

**LABOR BALL**

“C-CURVE” WITH LABOR BALL

Using a labor ball is another way to position the mother in a “C-curve.” This technique also increases the utero-spinal drive angle while directing the baby toward the posterior part of the pelvic inlet. Place the labor ball on the foot section of the bed and have the mother rock back and forth on the ball. This rocking is usually comfortable for the mother and can facilitate descent while being observed on continuous fetal monitoring. The smaller ball may be used if the mother is large.

**SEMI-PRONE/SIDE-LYING**

By drawing the mother’s upper leg up towards her abdomen and straightening her lower leg, a side-lying lunge can be achieved. This changes the angle of the pelvis and increases pelvic diameters. The alteration of side-lying positioning helps rotate a posterior baby. This position can be achieved by pulling the calf support away from the bed or by placing the mother’s leg on pillows. Gentle pressure can be placed against the elevated foot to achieve a lunging movement.

**SEMI-FOWLERS WITH CALF SUPPORTS**

If the mother has an epidural, she can be placed in a high semi-Fowlers position with her legs in the calf supports to peel down. When the baby’s head has crowned and the birth is imminent, the mother can then begin to push.