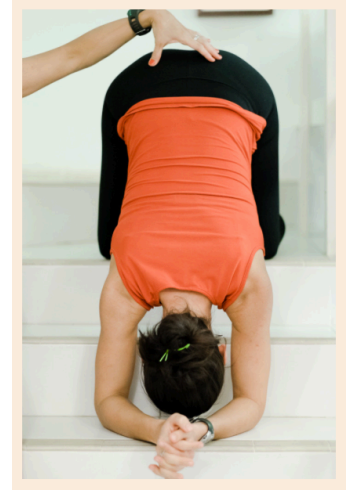


Babies who are not in optimal position (a.k.a. NOT LOA)
Spinning Babies (www.spinningbabies.com)

- **Forward-leaning inversion**

- **DON'T GET UPSIDE DOWN if you have high blood pressure, or suspect placental separation (from bleeding that is not from cervical dilation).**
- Gently! Don't drop into place! Move slow and be controlled to protect the placenta.
- Kneel on the edge of a couch (or the top of the stairs)
- Carefully lower yourself to your hands on the floor and then lower yourself to your forearms. Elbows out, hands close. Use a stool or step, if you like, to help you walk your hands down.
- Let your head hang freely. Your chin is tucked. Don't rest your head on the floor. Your neck may need a little movement.
- Your knees are close to the edge, your bottom is highest. You can tilt or sway your hips, if you like.
- You can flatten your lower back (posterior pelvic tilt) to give more room to free your ligaments.
- Take 3 breaths (30 seconds). Belly loose, shoulders strong. Chin tucked and neck long.
- Come back up on your hands, then lift yourself up to a kneeling position again, using a stool or block or help from your helper.

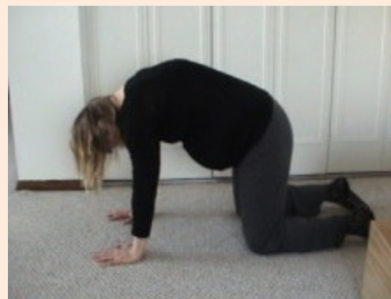


- **Cat Cow**

- Start with your hands under your shoulders, knees under your hips. Knees are a little apart, not touching.
- Focus on your lower back. Lift your lower back. Flatten your back again. This is like “Cat Cow” yoga pose.
- Do 20-40 pelvic tilts for comfort, usually about 2-3 minutes, few times per day.



Pelvic tilt Position A

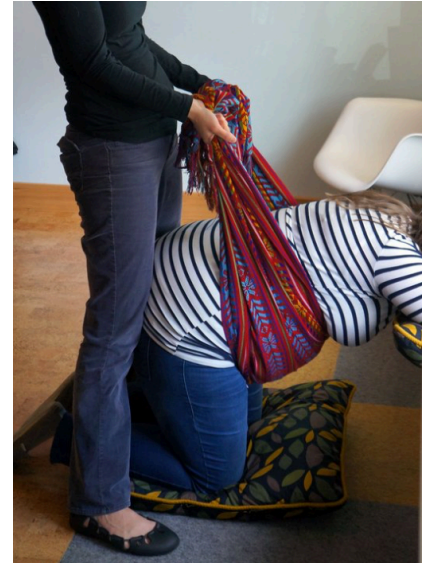


Pelvic Tilt Position B

- **Rebozo Sifting**

- The Rebozo is a woven scarf that is long, but you can also use a long strong scarf that you already own.
- Make a hammock to wrap and lift the belly to lift the weight of the baby off the mother's spine while she is on her hands and knees. The helper stands behind the mother. The helper's knees are slightly bent, their back is straight with elbows near their sides. They hold the scarf so that their wrists are straight, which protects the wrists from strain. Lift and check in with the mother... does this feel ok? When yes, then slowly rock the belly in the hammock you made. The scarf should not shift with the clothes, if it does you aren't lifting enough. The mother should be comfortable.

- When the gentle rocking feels ok, speed it up. Now the important thing is you aren't rocking in wide arcs, but very short movements. Just about an inch or 2 centimeters. Meaning, your left hand raises 1 inch while your right hand goes down, then your right hand goes up 1 inch while your left hand goes down. 1 inch (2 cm) is not much! A very short movement is all that is needed. Making tiny circles like the rods on an old time train wheels is even better. I make a "choo-choo" train sound, "chugga chugga," under my breath to keep time. Stop slowly so you don't make the mother uncomfortable – which means stop slowly to keep the mother's trust! Its better, too. Don't try to manipulate the baby's position by a forceful flip at the end. Trust the release. When the baby finds room the baby will move.
- Perform 2 minutes a few times a day



• Standing sacral release

- The mother stands facing a wall. She puts her hands or forearms against the wall. Her head does not rest on the wall unless she really wants it to, and then that's part of the release. The helper stands to her side, facing either side the helper prefers. The dominant hand should go towards the mother's back.
- The helper so lightly touches the mother that they have to pay attention or contact is broken. The weight of contact is the weight of a nickel. The helper's less dominant hand is on the mother's lower abdomen – to start with. The helper's more dominant hand is turned, fingers down, and the "ball" or base of the thumb is gently resting on the "buckle" of the sacrum. Finding the buckle takes a couple light passes from the top of the sacrum towards the tailbone. When the base of the palm feels resistance of a subtle "ledge" of something under the woman's skin, that's the "buckle". The "force" (however lightly given) is towards the direction of the sacrum, off into the air, not towards the mother. Remember the fingers point down, but away from the body. The hand waits there, lightly until the buckle suddenly is gone and the hand slides suddenly off into the air.
- Both the mother and the helper have their knees slightly bent. This helps each of them respond better to one another and the subtle movements going on in the technique. The mother may feel like bending her knees quite a bit more and moving in response to her shifting fascia. This may be easy to resist, so the mother may be encourage to listen to her body and move to make herself even more comfortable. The helper attempts to "follow" her maintaining such a light pressure and perhaps moving the hand to follow the point of tension which sometimes leaves the sacrum to go somewhere else, for instance the hip or knee, or lower back, etc.
- One of you will know when you are done. The mother because she feels the release, the helper because he or she has run out of time, I suppose. Helpers shouldn't worry that they don't know what they are doing. They don't really. But the fascia does. Follow the fascia!
- Can take 2-20 minutes or 2-5 minutes after a few releases have been performed.



- **Diaphragmatic Release/Abdominal Release**

- The mother semi-sits on a couch with a helper kneeling on the floor. The mother can be comfortable, breathing freely. The helper kneels or sits facing the side of the mother. The less dominant hand (with no rings!) is under the mother's sacrum. She lays on the helpers hand. The helper does not push or anything with this hand. This hand is passive. This hand can send warmth, love and relaxation. Your intent is to hold space and complete a circle with your top hand.
- The dominant hand rests lightly on the lower abdomen. The pinkie finger is near the symphysis, fingers towards the hip that is opposite (furthest) from the helper. Gentle compression (the weight of a nickel again) is on the abdomen. The helper has to lift the weight of the upper arm and be mindful not to rest the weight of the arm on the mother.
- The helpers hands are soft, light, warm and holding a good intent. Their slight compression (aided by the weight of the mother on the lower hand) allows the fascia to begin to release. The mother breaths deep and slow, as if falling asleep. But not forced. The baby will be quite active after wards. The release makes the broad ligament relax and that lets the baby move more freely and the baby notices this.



- **Pelvic Floor Release/Sidelying Release**

- The woman lays on her side so that her shoulders are one above the other and she is not tilted! She can't be leaning back to look up at you, for instance.
- Her upper hip starts out directly above the other one. So her top leg is resting upon the lower leg. Her lower leg is straight as an arrow. Very straight. Her partner or her doula supports her shoulders so the top shoulder doesn't tip forward. Face to face encouragement can be vital in labor and be the key to success! Don't ask the laboring mother to do this without eye to eye contact and constant encouraging words! I'm serious!
- The helper holds the anterior superior iliac crest... or the front of the hip bone. Press down about as much as you would to put a lid on a food container... firm but not a lot. Enough to notice, but not to make a statement, ok?
- The mother has to be so close to the edge of the firm, hard surface that she relies on you totally to hold her from tipping off! Be trustworthy!
- As the helper pushes down and back on her hip bone the mother lets her top leg fall into the air. It hangs limp – you'll have to coach her to let her leg go. Hold her firm so she believes she can do this without slipping off. Let her leg hang freely, it should not touch the floor or you! Wait a minute or two. In labor, wait through and between three contractions (two if she seems like she'd never make it through three, you know her personality).
- Then she lifts her leg back up. Someone might help her but it can't be the helper, she (or he) is holding her hip and must continue to so the mom won't fall. She can lay on her back a second, then she switches sides. Her head goes where her feet were, or she switches to the other side of a massage table. Repeat for the other leg. Be confident and inspire confidence in the mother.

