



Guest Blogger: Spinning VBAC Babies

By ICAN-blog

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Bringing ICAN's 25-year-plus tradition of support and education in the mother-to-mother and sister-to-sister model into the internet age, we have invited passionate bloggers to join us around our virtual circle of women. We hope to introduce you to new voices that you have not heard before, and also to respected voices that will already be well-known to you.



This week we welcome our guest blogger Gail Tully ("The Spinning Babies Lady"). Gail is a midwife and doula trainer in Minneapolis, MN. Her website, [Spinning Babies](#), makes the principles of Optimal Foetal Positioning accessible and understandable in order to promote easier labor.

After any birth, a dad may sit and look a little stunned. But the look on Steve's face lives with me still. There was joy and the flood of relief, an element of wonder, awe and just a bit of indignation



His wife, Sara, held their hour-old second child, skin-to-skin, at her breast. A glow of triumph highlighted Sara's calm satisfaction. Their 2-year-old had been born by cesarean surgery after a long pushing stage with no descent. His asynclitic head was angled into the pelvis as if he'd tipped his head to listen to voices beyond the womb. After 14 hours of active labor, a cesarean was done at 7 cm.

Steve's daughter, just born at home, also presented with an asynclitic head position. Again, labor seemed to stall. This time we midwives had a suggestion. Sara was willing to try something unusual.

She stood up and faced her midwife with her hands on each of her midwife's shoulders. When a contraction was anticipated, she put her right foot up on a chair. As the contraction actually began, she continued to look forward at her midwife but also leaned towards her right knee.

Her posture reminded us of its namesake, the Lunge. Popularized in the birthing world by Penny Simkin, author and physical therapist, the Lunge opens the mid pelvis and outlet on the side of the raised knee. The lunge may be able to atone for asymmetry in the opening of the pelvic floor. If the baby's head doesn't straighten out, the Lunge may make more room for the tipped head to emerge.

I asked Sara to Lunge through three (3) three consecutive contractions with her right knee raised, and then switch sides and do 3 contractions with her left knee raised. In between contractions, she stood with both feet on the floor and swayed a bit to return good circulation to her legs. Opening the pelvis and letting the head move down past the place of constriction can take 12 contractions for a first time mom, but for Sara it actually took only 5 contractions.



Suddenly, Sara’s voice changed. She felt more comfortable. Some women will then birth quickly. In Sara’s case, she just wanted to rest. A quick check verified a symmetrical (even) head, but a rim of cervix remaining. We suggested she rest without pushing to let the head come down gradually and in this new symmetrical position. Yes, she could have pushed as a second time mother and “reduced” the rim with the pressure, but there may have been a chance the head would again tip as the soft tissues were not used to holding the head evenly yet. She panted away her urge to push until her body insisted beyond her ability to postpone pushing. It seemed to be the right thing for her baby.

An hour later we midwives heard the new sound we were waiting for. Soon, Sara’s daughter was born, imprinted with the triumph of the Lunge.

Steve caught my glance. “Fourteen hours of labor and we got a C-section, and now five lunges and we get a home birth?!”

The asynclitic baby presents unexpected challenges at birth. Recognizing an asynclitic presentation is not as “easy” as recognizing a breech, for instance. For one thing, the baby’s head is supposed to be asynclitic at the start of labor. It isn’t until after 3 cm that the head descends lower than the sacral promontory and straightens out. That is, if the pelvic floor is symmetrical and allows the birth to proceed as nature intended.

Achieving a VBAC may involve addressing any challenges that the soft tissues (muscles, ligaments and fascia) brought to the previous birth. When length of labor or fetal position was one of the factors in a previous cesarean, an asymmetry can be suspected. Come visit at www.SpinningBabies.com for VBAC support through fetal positioning.