

# HSC Women's Hospital L&D Position Guide



**Pelvic inlet for  
early labour and  
high station**

**Think: knees out,  
feet in**

**Opens the top of  
the pelvis**



**Mid Pelvis for  
active labour, baby  
is at spines**

**Think: knees  
parallel with feet**

**Helps bring the  
baby through the  
pelvis  
\*Asymmetry is key\***



**Pelvic outlet for  
transition/  
labouring down:**

**Think: knees in,  
feet out**

**Opens the bottom  
of the pelvis to  
make room for  
birth**

**Remember: You cannot mess this up! Any movement is good  
movement**

**Be creative! Adjust all positions as needed**

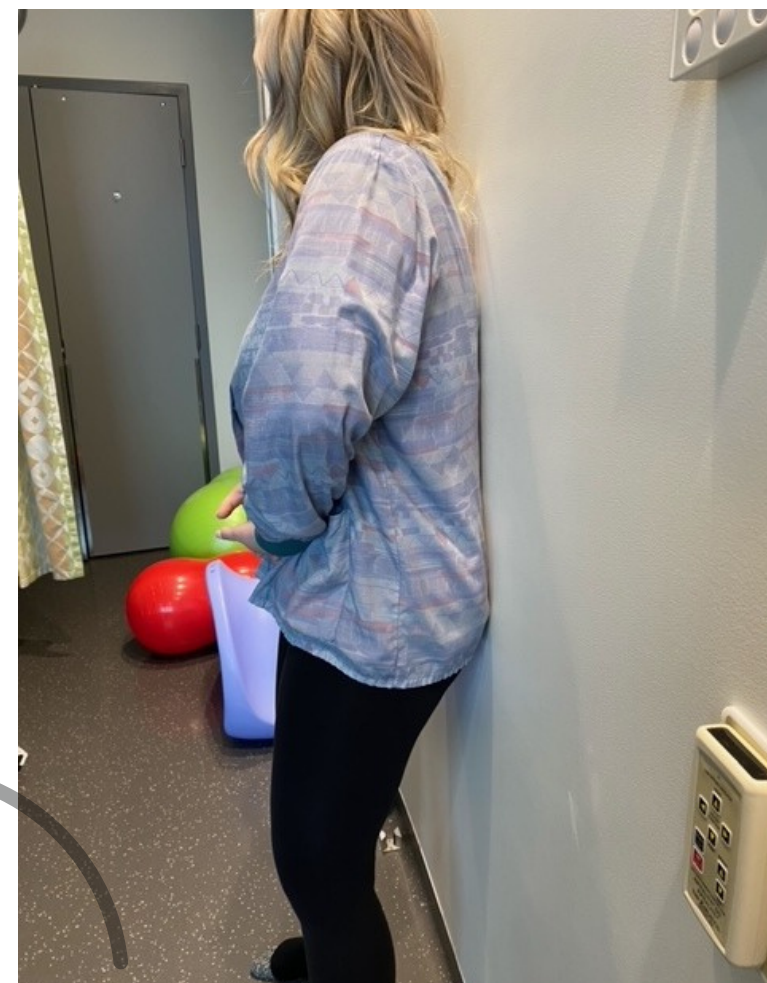


# Pelvic Inlet

Babe is above spines

Take advantage of this time to help baby engaged

~Just keep moving~



## Pelvic tilts/lift and tuck:

Ask the patient to stand against the wall and get rid of the space between their back and the wall, while tucking their bum under. The pelvis will tilt forward. The patient can lift their bump at the same time.





# Pelvic Inlet

**Sift and Jiggle:**  
put a sheet around the belly that hugs the patient's bump and helps lift the weight of their tummy.

Jiggle the sheet to help move the baby.



Patient can also cat and cow



**Tip:**  
Having the support person in a lunge position helps facilitate free movement of the birther as they rock, sway and practice cat/cow



**Flying Cowgirl:**  
shoulder, hips and knees should be aligned.

Knees out, feet in.





# Mid Pelvis

Think: knees parallel with feet and asymmetry of knees and hips

We're moving the baby through the pelvis



Hint: Whatever you do on one side, should be done on the other



# Pelvic Outlet

Think: knees in, feet out to open the bottom of the pelvis

Babe is below spines, moving towards birth



Knees are together

