

# Doula Support for Back Labor



“Back labor” is a phrase used to describe intense back pain in labor. Up to a third of birthing people experience back labor. Back labor can be the result of a baby in the “OP,” or “occiput posterior,” position, where they are facing towards the front of the parent’s body with the back of their head (occiput) pressing against the lower back (the parent’s posterior). However, not all back labor is caused by OP babies, and not all OP babies cause back labor. Here are some suggestions for ways to support people with back pain during labor. Please refer to the additional resources provided in this course for more instruction on hands-on support.

- **Hot or cold pack** – use packs on the lower back between contractions, or during them if the client requests. Be sure to always have some type of material (towel, pillow case, clothing) between the pack and the skin.
- **Knee press** – with the laboring person seated, press just under the knee caps as if you were pushing their upper legs back into their hip sockets.
- **Counterpressure** – place your hand or hands on or near the sacrum (the area just above the bottom -- check out some illustrations or videos online if you’re not sure of the right spot) and apply pressure during contractions.
- **Double hip squeeze** – place a hand below and to the side of each hip

bone and squeeze inward and upward pressure during contractions.

- **Hot shower**- Stand or sit with the water pouring down on the lower back.
- **Pelvic tilts** – on hands and knees, alternate tucking the pelvis (cat pose) and arching the back (cow pose).
- **Massage**- roll a rolling pin, chilled soda can/water bottle, or tennis balls (you could put two in a sock for easy handling) over the lower back.
- **Slow dance**- with you or their partner, pressing your fists or hands firmly into their lower back.
- **Belly dancing** – have them make movements that open their hips and pelvis (figure 8s, wide sways side to side – the bigger the better).

## Positions to Support Optimal Fetal Positioning

Back labor, irregular labor patterns, labor that doesn't progress for a long time, or pain all in one area (the hips, for example), could be indications that the baby isn't optimally positioned. Although it is not always possible, a good first step would be trying to determine the baby's position, ideally with the cooperation of the care provider. If there is some suspicion or indication that the baby is malpositioned, you want to think in terms of movements or positions that might encourage the back of the baby's head to rotate towards the front of the parent's body, and/or that might make a little room in the pelvis to give the baby space to make adjustments. Here are some examples of such positions/movements.:

- **Pelvic tilts** – as described above.
- **Lunges** – place one foot up on the seat of a chair or stool with that leg angled out to the side. Lean into that leg by bending the knee, which opens the pelvis on that side. Alternate legs if the position of the baby isn't clear; if the position is known, only lunge in the direction that

will correct the malpositioning (you might need the care provider's guidance here).

- **Stairs-** Walk up and down or march in place, exaggerating the lifting of the knees.
- **Rotate** the pelvis while sitting on a birth ball.
- **Lean, lean, lean-** Whether standing, squatting, or sitting, lean forward at all times to help the baby's back (its heaviest part) rotate forward.
- **Exaggerated knee-chest position-** If the baby is posterior AND its head is low and engaged, try a position similar to a child's pose in yoga, but with the hips high up in the air. The position can be exaggerated by raising the hips further: kneeling at the top of some stairs with the hands a few steps down; kneeling on a sofa or chair with hands on the floor; kneeling on the upper half of a hospital bed with hands on the lowered foot of the bed; etc.