

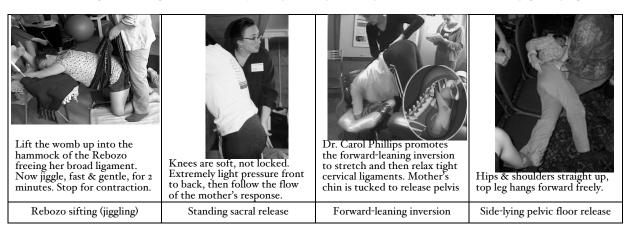
A protocol for repositioning any malpositioned fetus

The Three Principles of Spinning Babies are

- 1. Balance
- 2. Gravity
- 3. Movement

Balance the pelvis and womb and most babies will reposition themselves shortly afterwards.

Fetal repositioning comes along a spectrum of success. For many women gravity-friendly posture is enough. Perhaps a quarter of women need more than gravity and movement. Uterine balance is needed first. In other words, if maternal positioning has not turned the baby, consider techniques to either relax or support the womb (including uterine ligaments, pelvic joint symmetry, and myofascia release) — *Then* try gravity again.



In the proper order, the 3 Principles guide your choice of techniques in pregnancy and in labor.

1.) Balance In this order: Rebozo sifting; the Standing Sacral Release; (Manteada); and the Inversion. These techniques help the soft tissues become free of torsion (twisted fascia or a spasm in the ligaments).



2.) Gravity "Rest Smart" If the navel were a flashlight, it would point downwards, quickly or gradually coming to light the floor or mattress. Jean Sutton recommends knees lower than hips, belly lower than spine. Follow long car rides with a standing sacral release (Phillips).

3.) Movement, Circles on the ball; the abdominal lift (with pelvic tilt/tuck); crawling; walking normally and/or sideways up the stairs; slow dancing; and/or swish freely in a deep water birth pool. Contractions themselves can be effective in rotating the baby. Vertical birthing positions with soft knees (not locked or straight legs) help the baby rotate and descend. Repeat all 3 Principles, as needed.



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