

Affinity™ 4

Positioning for Labour and Birth



This information is provided solely to educate caregivers on the use of the Hill-Rom® Affinity™ 4 Birthing Bed in conjunction with selected care practices. Hill-Rom does not advocate specific nursing care practices or techniques. The selection and use of perinatal and labour care practices must be made in accordance with good medical and nursing judgment and consistent with facility approved care protocols.

Enhancing outcomes for
patients and their caregivers:

Hill-Rom

The Throne Position

The throne position is achieved by completely raising the back of the bed up and lowering the foot section. It can be used intermittently with mothers who have epidural anesthesia.

This upright position makes use of gravity to help the baby descend. The mother's weight on her ischial tuberosities helps to open the transverse diameter of the pelvic outlet; the anteriorposterior diameter can also open in this position.



Throne Position: "C-Curve" with Partner

While in the throne position, the mother can lean forward to allow the baby and uterus to fall forward in the abdomen. She can also be directed by the contractions toward the posterior part of the pelvic inlet.

The mother's back looks like the letter "C." This position can be used with an epidural for 30-45 min. between side-lying positions.



Throne Position: “C-Curve” with Labour Ball

Using a labor ball is another way to position the mother in a “C- curve”. This technique also increases the utero-spinal drive angle while directing the baby toward the posterior part of the pelvic inlet.

Place the labor ball on the foot section of the bed and have the mother rock back and forth on the ball. This rocking is usually comfortable for the mother and can facilitate descent while being observed on continuous fetal monitoring.

The smaller ball may be used if the mother is large.



Sitting on Labour ball

Rocking back and forth while sitting on the labor ball decreases pain, promotes relaxation, opens transverse and anteriorposterior pelvic diameters while facilitating fetal descent.

For safe use, the patient should always hold onto something in front of her and have a support person sitting behind her.



Hands and Knees

The hands and knees position decreases back pain and can help to rotate an occiput posterior baby. The mother can kneel on the foot section of the bed and lean on pillows placed on the seat section.

This position can only be used if the patient has not had an epidural, or if the epidural is low-dose and the patient is able to bear weight on her knees.



Hands and Knees Over Labour Ball

Rocking back and forth over the labor ball decreases back pain and can help to rotate an occiput posterior baby.

This position can only be used if the patient has not had an epidural, or if the epidural is low-dose and the patient is able to bear weight on her knees.



Kneeling Over Head of the Bed

Kneeling is an alternate position for mothers who are unable to use the squatting position, or who experience back pain.

This position provides easy access to a mother's lower back for massage or hot/cold compresses.

Constant back pressure can be applied to the sacral area. The mother can indicate where to apply the pressure and how hard. If the mother has had an epidural she should be assessed to determine that she can bear weight on her knees.



Use of Labour Ball for Epidural Administration

The small 52 cm ball may be used in positioning patients for epidural anesthesia administration.

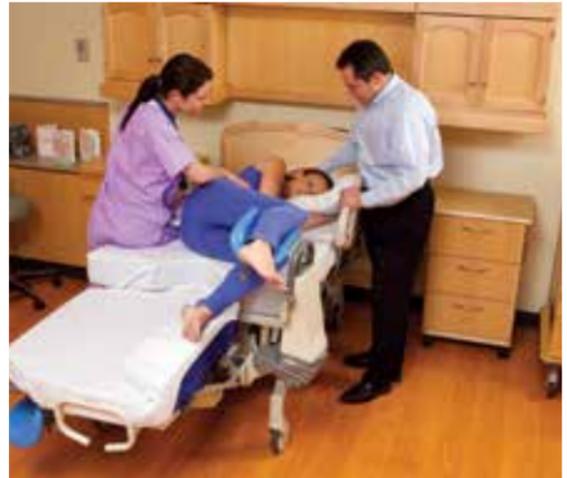
Have the patient place her cheek or chin on the ball while pushing her spine away from her abdomen.



Side-Lying with Calf Support

Side lying positioning facilitates good fetalplacental circulation. When rotated with upright positions it can facilitate fetal rotation and descent. It is a good position to allow the mother to rest.

The calf support on the birthing bed can be used to support the upper leg. The folded pillow on the foot section mattress can support the lower leg.

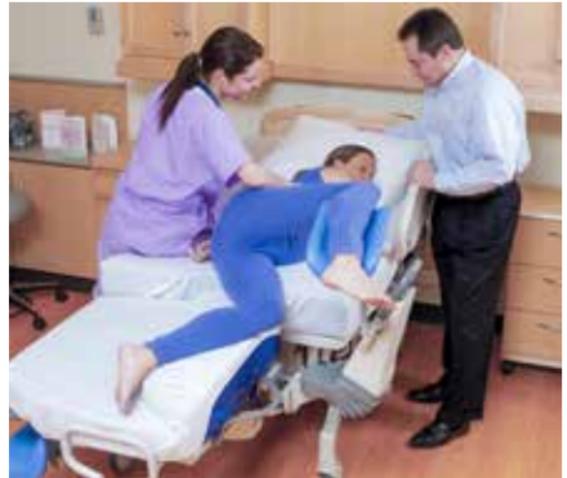


Semi-Prone/Side-Lying Lunge

By drawing the mother's upper leg up towards her abdomen and straightening her lower leg, a side-lying lunge can be achieved.

This changes the angle of the pelvis and increases pelvic diameters. The alteration of side-lying positioning helps rotate a posterior baby. This position can be achieved by pulling the calf support away from the bed or by placing the mother's leg on pillows.

Gentle pressure can be placed against the elevated foot to achieve a lunging movement.



Positioning for Second Stage: Sit/Squat with Labour Bar

The use of the upright throne position with the labour bar can facilitate a sit-squat position if the patient has an epidural.

1. Inflate the lumbar air pillow to support the patient's lower back
2. Inflate the seat pillow to provide a firm surface to facilitate the opening of the A-P and transverse diameters of the pelvic outlet.



Positioning for Second Stage: Supported Full Squat with Labour Bar

If the mother does not have an epidural or has a low-dose epidural that enables her to support herself with her legs, she can get into a full squat position on the foot section of the bed.



Positioning for Second Stage: Labour Bar with Towel Pull (Tug of War)

Using the labor bar with a towel or draw sheet placed around the bar can help the mother push more effectively - particularly if she has epidural anesthesia.

This “tug of war” pulling effect helps her contract her abdominal muscles.

The feet can be placed on the bar and the support persons can hold her knees if mother has an epidural.



Positioning for Second Stage: Semi-Fowlers with Calf Support

If the mother has an epidural, she can be placed in a high Semi-Fowlers position with her legs in the calf supports to labor down.

When the baby's head has crowned and the birth is imminent, the mother can then begin to push.



McRobert's Position

In the instance of a shoulder dystocia, McRobert's position can be quickly accomplished by placing the mother flat by pulling the CPR lever; and raising the foot section of the bed.

Place the soles of her feet against the back lip of the calf supports, this will rotate the mother's legs back against her abdomen.



Shoulder Dystocia Guideline

- H** Call for help
- E** Eliminate HOB elevation = Release CPR lever
- L** Legs back in McRobert's position
Deploy Calf supports, positioning the heels of the patient's feet on the back edge of the calf supports
Quick release for lumbar bladder if inflated
- P** Supra-pubic pressure
Auto inflate seat pillow or provide firm support beneath the patient's hips in preparation for supra-pubic pressure



This document is destined solely for use by healthcare professionals. Medical devices shown in this brochure are intended for use with patients in departments of healthcare establishments.



These medical devices bear the CE mark and comply with all applicable regulations. Hill-Rom recommends you carefully read the detailed instructions for safe and proper use included in the documents accompanying the medical devices. The personnel of the healthcare establishments are responsible for the proper use and maintenance of these medical devices.

Medical beds manufacturer:

Hill-Rom SAS - B.P. 14 - Z.I du Talhouët - 56330 Pluvigner – France (also European Representative)

Völker GmbH - Wullener Feld 79 - 58454 Witten - Germany

Hill-Rom Holdings, Inc. - 1069 State Route 46 East - Batesville, IN 47006 - USA

Lifts manufacturer: Liko AB - Nedre vägen 100 - 975 92 Luleå – Sweden

Hill-Rom reserves the right to make changes without notice in design, specifications and models. The only warranty Hill-Rom makes is the express written warranty extended on the sale or rental of its products.

©2014 Hill-Rom Services, Inc. ALL RIGHTS RESERVED.

Doc. No: 5EN137801-01, 03 September 2014

Not all products/options are available in all countries.

For further information about this product or a service, please contact your local Hill-Rom representative or visit our webpage:

www.hill-rom.com

Enhancing outcomes for
patients and their caregivers:

Hill-Rom