Outside the Box: Supporting the Pelvic Outlet
With Gail Tully, CPM

The baby navigates the space made available by the soft tissues of the mother’s body.

OUTLET

“+2 to +4” station
• Narrow pubic arch
• Converging rami (walls to the sitz bones)
• Compound presentation

AP and Transverse diameters
If you don't know the shape of the outlet you won't know how to match diameters with baby's head.

Each Level of the Pelvis
Open the level of the pelvis where baby waits. Baby can then rotate or fit and labor progresses.

- Inlet -2, -3, -4
- Midpelvis -1, 0, +1,
- Outlet +2, or lower

Assessing the bony pelvis begins with noticing shape
“31% of fetuses that were occiput posterior at delivery had been in that position on the enrollment.”

Changes in Fetal Position During Labor and Their Association With Epidural Analgesia
Ellice Lieberman, MD, DrPH, Karen Davidson, MD, Aviva Lee-Parritz, MD, and Elizabeth Shearer, MPH

Positive Words:

“Let’s make room for the baby!”
Can we open more?

Sacrotuberous ligament

*Matthew Duncan, 1875

"The sacro-sciatic ligaments exert a powerful influence in...the lower part of the sacrum in position."

=Anterior pelvic tilt

Never underestimate the power of upright positioning!
Upright Positioning is #1

Where's the Baby?
Baby is low

A contracted pelvic outlet is often associated with midpelvic contraction, due to their anatomical continuity.


Effects of Narrow Arch

The engaged fetal head is pressed against the posterior triangle of the pelvic outlet.

- Increased likelihood of OP position[9].
- Longer second-stage duration[10] and
- More instrumental delivery and, consequently,
- More postpartum anal sphincter trauma and incontinence[11, 12].

50% accuracy of clinical evaluation to detect pelvic outlet contraction; Floberg et al.
Can we open more?
Sacrotuberous ligament

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Can we open more?
Shiela-na-gig

The narrower the pubic arch, the more the engaged fetal head is pressed against the posterior triangle of the pelvic outlet. This results in an increased likelihood of OP position[9], longer...
At outlet

- If baby is high during pushing, do a posterior tilt with ctx.
- If perineum is not ready for birth (closely followed throughout), hold off on pushing and use alternative strategies.
- If baby is not progressing, consider other interventions such as epidural analgesia or perineal massage.

Standing Sacral (myofascial) Release

- Stand with feet shoulder-width apart, knees slightly bent, and body weight distributed evenly.
- Place hands on hips and rotate pelvis gently forward and backward several times.

Oral Hydration

- Encourage frequent sips of water or other clear liquids during labor.
- Monitor maternal hydration and renal function to prevent dehydration.

Outlet

- At outlet, assess for any malpresentations or obstructions.
- Monitor maternal condition and response to interventions.

Suggested Solutions

- Standing Sacral (myofascial) Release
- Anterior Pelvic Tilt with contractions (can add to squat)
- Squats through 3-6 of, with feet flat and knees over ankles
- Stop active pushing, lay on side, knees closed, pant thru 3 ctx
- Directed pushing on birth stool (or toilet), exhale while pushing

At outlet

- If cervix is not dilated or engaged, consider other interventions such as epidural analgesia or perineal massage.
- Monitor maternal condition and response to interventions.
- If baby is not progressing, consider other interventions such as epidural analgesia or perineal massage.
Can we open more?

Counter pressure on the Sacrotuberous Ligament
The doctor, nurse, or midwife finds the inferior, medial side of the ligament just distal and superior to the coccyx. Gently pull up and outward for 2.5 minutes. Do other side. Mother is on her side or leaning forward.

Reference
Matthew Duncan, 1875: “The sacro-sciatic ligaments exert a powerful influence in ...the lower part of the sacrum in positions.”

Peanut Ball

Open midpelvis (and outlet)
Stretch to lengthen piriformis & abductors
Use of a Labor Ball to Decrease the Length of Labor in Patients Who Receive an Epidural. Tussey, Christina, and Emily Bertosio. Journal of Obstetric, Gynecologic, & Neonatal Nursing 40.11 (2011): 5105-5106. 1st stage <90 minutes, and 2nd stage was half as long (43.5 min in control, 21.3 min in peanut ball group).

Outlet Emergencies

No more progress after you see the head
• Release the sacrotuberous ligament, roll mom
• Pushing at 10 cm but baby remains high

Shoulder Dystocia
• Oddly, the whole head is born, you may even see the shoulder

Breech
• Head must be in AP diameter to exit, turn by cheek bones
• Head must be flexed to exit, there are several ways to flex
Shoulders Caught in Outlet

Outlet: transverse diameter
chinch is born

Outlet squeeze or Outlet ease?

Moving from Hands-and-Knees to knee-chest (an anterior pelvic tilt) Will Open the Outlet

Left: We see a peek of the chin – Good!
Right: next contraction brings the head

Drawings in Holistic Midwifery Volume II, Anne Frye
Left: We see shadow under an empty anus – uh oh! The chin is up.
Right: Franks Nudge brings the head
Photos by Rebecca Bolton Steiner

Summary
• Mobility gives potential
• Maternal positioning needs specific moves
• Balance makes more room
• Match the technique to the level of the pelvis where baby waits for you to come get them