

Abdominal Lift



Photo by Keidi Lin Photography

The Abdominal Lift is one of the most effective early labor techniques for engaging baby in the pelvis. The Abdominal Lift was popularized by Janie McKoy King, a Texas Engineer who wrote [Back Labor No More](#). I learned it from Penny Simkin at her Birth Doula Training.

I added the words “and tuck” to remind the user to tuck their pelvis. By this I mean do a standing Posterior Pelvic Tilt (flatten the lower back).

I helped a couple, Barb and Tom, try an Abdominal Lift and Tuck to move their labor along. It was Barb’s fourth baby. The baby was occiput posterior and early labor had been going on a few hours. Barb was interested in helping the baby rotate. I was

her midwife and suggested an Abdominal Lift and Tuck to help the baby tuck her chin (another use of the word tuck) and rotate to the left occiput transverse.

[Mamapotamus](#), Heather Dessinger, told me:

Yes, the belly lifts were the pivotal point in all three of my births. Somehow toward the end of labor I always find myself going somewhere to be alone to do them, and everything shifts immediately.

How to do it



Photo by Keidi Lin Photography

- As a contraction begins, link your fingers and lift your belly about two inches.

- Bring your belly in (towards your spine) by one or two inches (depending on your size). Be comfortable.
- At the same time, flatten your lower back. Your knees should be bent. Bending the knees, just a little, is necessary to do a Posterior Pelvic Tilt.
- Hold your belly up through the entire contraction. It's OK to sway or rock a little on your legs during the contraction, but hold your belly in one place to avoid being uncomfortable.
- When the contraction ends, lean forward slightly and slowly let go of your abdomen. Move your legs to encourage circulation.
- Repeat the Abdominal Lift for ten contractions in a row.

When to do it (besides during a contraction)

This technique is to help baby into the pelvis and through the pelvic brim (baby may be -3, -2 Station).

You will want to move into position as soon as, but not before, the contraction starts. If you start too late it will be uncomfortable, so just wait to start with the following contraction. Try to do ten contractions in a row, resting in between and circling your wrists and ankles for circulation.

Try the Abdominal Lift when:

- In early labor or Late, if baby is not IN the pelvis. Do this with contractions for ten in a row.
- Labor contractions are frequent enough that you can predict when another is coming.
- Labor contractions have not been increasing in strength.
- Labor contractions might be really strong but baby remains high in or above the pelvis.
- Back labor might be the reason you try this. It can resolve back labor when it's because baby can't get in the brim.

The Abdominal Lift and Tuck will encourage labor contractions to be closer together and get stronger when they have been at one strength for a long time (or dilation is not increasing), or in the presence of achy back labor. Either way, the resulting flexion of baby's head will improve the labor progress and relieve the back ache. It can be used in latent or prelabor. The Abdominal Lift can be used to get active labor underway.

When not to do it:

- Don't bother doing this with a labor that is progressing normally. Normal labor progress is when your labor moves

along with contractions getting stronger and closer every few or several contractions.

- If you have had fast labors in the past, you want to have your midwife or nurse near by in case this works quickly (ten contractions). Don't do this without having help near by.
- Make sure you feel more pressure on your cervix, not less. There will be a relief to any back pain while increasing cervical pressure (pain?). This means the baby is now aiming where we want, on the way out, not your back.

Another way to do it:

Shannon and Marcus found the Abdominal Lift significant in shortening their second labor. (The first took a little longer than two days.) Shannon stood by the wall so she could flatten her lower back on the wall and use it to brace herself. She also bent her knees a little bit.

If you stood against the wall doing a Pelvic Tilt, the space behind your lower back would flatten and you wouldn't have room to reach your hand behind yourself there during the Pelvic Tilt. Doing her Abdominal Lift this way allowed Shannon to concentrate on lifting her belly and relaxing through the contraction.

After Shannon did this Abdominal Lift through ten contractions she felt more comfortable. Once her labor picked up again her labor pattern was that of an occiput anterior baby– she had the baby later that afternoon.

Stories about Abdominal Lift and Tuck

[Levi's Birth Story Part 2](#) has a quick mention of this technique. Notice how Heather's labor went from putzing to powerful – yet not so painful. When the uterus and pelvis are not aiming baby into the pelvis correctly labor lingers on and on. This technique will line baby up and help baby into the pelvis. Then nature can finish the job!

This dramatic birth story is shared here with permission by the doula:

Thanks to [Spinning Babies](#), I believe we spared a c-section in St. Louis tonight! Tiny first-time mom had Gestational Diabetes and was induced with cervadil. Baby had never engaged in the pelvis, and mom had a posterior cervix and 0 dilation. When you have these conditions, the likelihood of having a vaginal delivery started by induction is statistically slim. When I arrived at the hospital, they had just started pit [Pitocin, an artificial labor stimulant]. The nurse said she had made no changes, although she'd been contracting all morning, with stronger

contractions about 30 minutes before I got there. The nurse also said she had little to no room in her pelvis. I had two moms walk this exact path and both ended in csections. So I asked if mom would be willing to do [Walcher's](#), and understandably, she just couldn't get to her back. So I asked if she'd be willing to kneel (which opens the brim) and allow me to do an abdominal lift on her with her next contraction. Now this mom was already very, very uncomfortable on pit, but she was willing. And she DID it...and later said something like, "I thought I was going to die, or split open" or something like that. Well, this mama moved her baby!! She started making new vocalizations, so the nurse checked her 30 minutes later, and she was at a FIVE with baby now engaged in the pelvis! She went from 0, posterior cervix to 5 centimeters dilated with an anterior cervix in 60 minutes with just a little pit, a strong will and a kneeling abdominal lift!!!!

And THIS never, never could have happened had she got an epidural early on. Not ever in St. Louis hospitals anyway. This mama worked so hard and finally gave birth ... VAGINALLY!

An Abdominal Lift Story

A fifth time mom was having an unusually long latent phase. She had expected another fast labor, like her others. For 12 hours her contractions stayed five minutes apart, not real painful, but she wasn't able to sleep either (though a doula could have helped her get lulled to sleep). I met her in the hall

of the hospital. She was looking out the window and she recognized me from seeing me at her clinic a couple weeks before. Because the other births were fast, her husband didn't think a doula was going to be needed.

I described the Abdominal Lift and told her to make sure she did it in her room and in the presence of her nurse. I walked back to her room with her and explained the technique to the nurse. She was willing to try ten contractions with the Abdominal Lift.

Though I wasn't able to be her doula, I was able to stop in and see her the next day. She said, it was just like you said, ten contractions and I had an urge to push. I think the fast results were simply because she was an experienced mom with several fast births behind her, showing a roomy pelvic outlet.