Instructions and pictures on how to facilitate birth in hands-knees position

- Place a drape under the woman’s abdomen instead of her buttocks (buttocks will be in the air).
- Talk to the woman continually because she cannot see your face. Explain what you are doing. Encourage and support her.
- During a contraction, the head usually advances well. Ask the woman to focus on deep breathing and to give only small pushes if she has an uncontrollable urge to push.
- Control birth of the head with fingers of one hand (palm up) to maintain flexion of the head upward (toward the maternal anus), allowing natural stretching of the perineal tissue. Wipe away any fecal material as needed with a swab/moist towel.

- Remember, the baby’s face will be looking at the ceiling when it appears. Feel around the baby’s neck for the cord and respond appropriately if the cord is present.
• Allow the baby’s head to turn spontaneously and, with your hands on either side of the baby’s head, deliver the first shoulder **upward** away from the floor and toward the ceiling.

• To deliver the second shoulder, move the baby’s head in a posterior direction. When the axillary crease is seen, guide the head **downward** as the second shoulder is born over the perineum.
• Support the rest of the baby’s body with one hand as it slides out and wrap the baby quickly in a clean, dry towel as you check that the baby is breathing.

• If there is space, the mother can reach down and assist with the birth of the body toward her abdomen.

**After the infant is delivered**

• The newborn can be passed to the woman through her legs while the midwife maintains a secure hold of the baby until the mother has a firm grasp. Be careful of the umbilical cord to avoid unnecessary tension on it.

• The midwife can then move to face the woman and help her to sit down on a clean sheet with pillows/her companion supporting her.

• Thoroughly dry the baby, remove the wet towel, cover with a clean, dry cloth, and assess breathing.

• Ensure that the baby is kept warm and in skin-to-skin contact on the mother’s chest.

• Palpate the mother’s abdomen to rule out the presence of additional baby(ies) and proceed with active management of the third stage and other components of routine care.