

AT THE FOREFRONT OF THE PERINATAL EXPERIENCE

Caring for Mother.
Caring for Baby.
Caring for You.



Hillrom™

THE LABOUR AND DELIVERY ENVIRONMENT CAN BE UNPREDICTABLE FOR EVERYONE INVOLVED.

Hillrom Affinity® 4 bed helps deliver a safe, comfortable experience for mother, baby, and caregiver.



SITTING ON LABOUR BALL

Rocking back and forth while sitting on the labour ball decreases pain, promotes relaxation, opens transverse and anterior-posterior pelvic diameters while facilitating foetal descent.

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



THE THRONE POSITION

The throne position is achieved by raising the backrest to maximum position and lowering the foot section.

It can be used intermittently with mothers who have epidural anaesthesia.

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 anterior-posterior diameter can also open in this position.



THRONE POSITION: “C-CURVE”

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 minutes between side-lying positions.



THRONE POSITION: “C-CURVE” WITH LABOUR BALL

Using a labour 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 labour 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 foetal monitoring.

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



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.



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.



POSITIONING FOR SECOND STAGE: LABOUR BAR WITH TOWEL PULL

Using the labour bar with a towel or draw sheet placed around the bar can help the mother push more effectively – particularly if she has epidural anaesthesia.

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.



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.



SIDE-LYING WITH CALF SUPPORT

Side lying positioning facilitates good foetal placental circulation.

When rotated with upright positions it can facilitate foetal 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.



SEMI-FOWLERS WITH CALF SUPPORTS

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





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Always read the labels and instructions for use.

For operating instructions, refer to the Affinity® 4 Bed User Manual. Contact your Hillrom Representative for the latest version.

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