



When Baby Lies Sideways

Helping baby turn head down and
having the birth you want

SPINNING BABIES®



When Baby Lies Sideways

Helping baby turn head down and having the birth you want

Written by Gail Tully Creator of Spinning Babies®

2020 © Maternity House Publishing, Inc.

ISBN- 978-0-9908307-0-2

Gail Tully, CPM

10545 Humboldt Avenue South

Bloomington, MN 55431

Gail@SpinningBabies.com

When Baby Lies Sideways; Helping baby turn head down and having the birth you want is copyrighted and not for copying or posting.

Images: cover photo, Kristen Tangen; p. 4, Normal Transverse lie position by Gail Tully; p. 9 Elise sees the baby by Trish Gardiner; pp. 18, 19, Gail Tully; p. 25, top two by Kristen Tangen, bottom by Megan Crown; p. 27, Kelly Dungan; p. 28, Belly hug by Gail Tully; p.30, Forward-leaning Inversion by Laura Van Beek; p. 32, Gail Tully; p. 34, SLR by Megan Crown; pp. 35-37, 47, 48 Kristen Tangen; p. 38, Tanya Villano Photography; pp 47-50, Kristen Tangen or Gail Tully; last page, Gail Tully's profile by Kristen Tangen. All drawings by Gail Tully.

Special thanks to Ruthie Nelson for editing and Kate Doll for designing the book layout and cover.

Spinning Babies® is a gentle approach to fetal positioning and pregnancy comfort created by midwife Gail Tully using traditional and modern bodywork and discoveries about human physiology.

Disclaimer: The recommendations in this book are not a substitute for medical advice. Some risk is inherent. There is a risk of falling when doing an inversion or lying on the edge of a couch or bed, as is explained in descriptions of two of our recommended techniques. There is a risk of bleeding if the placenta is not attached properly as evidenced by previous placental bleeding in the pregnancy.

Please check with your primary care provider and/or birth care providers to see if there is any medical reason for you not to be upside down for the inversions (i.e. risk of stroke because your blood pressure is so high, aneurysm, bleeding from your placenta now or in the past, or any other health reason not to go upside down). This program has not been researched. The stories and outcomes are true.

Visit SpinningBabies.com for more on pregnancy, techniques, workshops and conferences. Subscribe to our free eNewsletter. Shop for educational aids and online classes.

Available for sale at <http://spinningbabies.com/shop/>

MATERNITY HOUSE PUBLISHING

Table of Contents

Why Does Baby's Position Matter?.....	4
Why Isn't Baby's Head Down?	5
Where's the Placenta?.....	16
When Does Position Matter?.....	16
How to Tell Your Baby's Position.....	17
Fetal Compass Rose.....	20
Your Belly Map	21
How Does This Program Work?	23
Professional Bodywork Support Is Also Helpful	23
Pregnancy Self-care At Home	24
Two Stretches and a Jiggle	27
Cautions and Contraindications for FLI	31
The Queen of the Stretch: Side-lying Release	34
Cautions and Contraindications for SLR.....	37
How to Plan Your Playdate.....	39
When Not To Do This Program	40
The Big Turning Day	42
An Easy Schedule	43
How Do I Help My Baby Stay Head Down?	48
What If All This Doesn't Work?.....	49
The Most Important Thing	52

Why Does Baby's Position Matter?

How a baby enters the pelvis can affect the ease or difficulty of the birth. The baby's position is how baby is lying relative to the mother's spine. More than simply being head down, the angle of the head has a lot to do with ease or challenge. The crown of the head is ideal to lead the way because it is narrowest and the baby's spine will be lined up with the pelvis.

If a baby lies sideways in the womb, the baby will not fit through the pelvis at all. Major surgery will be necessary. We all share a deep gratitude for the necessary cesarean. But that doesn't mean most of us prefer surgery. Recovery from surgery adds a challenge to early parenting. It's possible that a cesarean can be avoided by practicing the relatively simple activities in this book.

While we think most babies will turn, we understand that not every transverse baby will be able to turn head down. We believe in this program to help most babies into a head down position—and recommend you continue with the follow-up exercises to help your baby stay head down.



Why Isn't Baby's Head Down?

At Spinning Babies® we believe the baby gets in the best position possible in the anatomical space available. Normally the shape of the womb is a wide funnel, where the lower portion cradles a full-term baby's head. Gravity encourages the baby in a single-baby pregnancy (singleton) or a first twin to be head down. An unusually shaped uterus may hold a baby in a breech position but not a transverse one. In the case of a transverse lie, the uterus is typically quite normal, but may have a twist in it!

Ligaments and muscles both support and pull at the uterus and pelvis. When these pulling forces are in balance, the uterus has ample room for the baby to settle head down. A fall or accident could pull uterine ligaments unevenly or even twist the lower uterus around the cervix. This results in less space for the head to settle at the bottom of the uterus. Essentially, a twist will block the room necessary for the baby's head to settle down until it is released. The uterus can remain pulled off-center for years or decades. A twist in the body is called torsion. An ultrasound is very unlikely to show torsion. Often there is no obvious sign.

I followed the clues to the cause. We can reason that the most common causes of transverse lie, oblique lie, and unstable lie are the same: imbalance in the uterine ligaments. I would actually say a twist in the uterus is the cause of transverse lie. A study will have to be done to verify. Meanwhile, the solution works whether my hypothesis is accurate or not.



Spinning Babies® Helps You Help Your Baby

Spinning Babies® offers you a program to help your baby move from sideways or oblique to head down. Gail Tully, creator of Spinning Babies® discovered consistent results for the baby in a transverse lie from The Forward-leaning Inversion (FLI) created by Dr. Carol Phillips, DC. These stories and recommendations are from Spinning Babies®.

Our Program Could Help You If:

- The doctor scheduled a cesarean because your baby is sideways in the womb
- The doctor offers an external cephalic version to manually turn the baby head down by hand
- You're in the third trimester of pregnancy and your baby is not head down, but is
 - lying sideways in a transverse lie
 - lying diagonally in an oblique lie, or
 - changes into any of these positions frequently in what's called an unstable lie
- Your midwife or doctor referred you to Spinning Babies® for information about what you can do that may help your baby find room to move head down
- You don't have medical reasons that would contraindicate Forward-leaning Inversion, like bleeding from the placenta, or high blood pressure
- You want to avoid a cesarean or any other significant intervention in childbirth



This guide explains why a baby might be transverse and how you can give your baby the room to turn head down.

A-K wrote:

I am 40 weeks pregnant with my 2nd child (first one born naturally) and was told today by my OB that baby is now transverse. This was also confirmed by an ultrasound ... I have been given three more days to see if the baby will turn before my doctor wants to schedule at C-section (at 40+3). I have already visited a trained acupuncturist and am doing the inversions on your site to try to prevent this ...

Gail replies (this version is edited for length):

A-K, I hear the surprise you are suddenly faced with. A baby may move from a more ideal position to a [posterior, breech, oblique](#), or transverse position in late pregnancy when there is:

1. An existing reason, usually a twist in the lower uterus.
2. A new reason; for instance, the baby will pull their head up from the pelvis (tailbone, sacrum) due to a fall, twist, impact, or a significant emotional stress, such as about parenting. A long car ride or sleeping in an awkward position can be the culprit. It can happen to any of us.
3. A new reason, such as an aggravation of an old injury.

In any case, addressing the torqued anatomy is likely to allow the baby to settle back head down quickly.

Be kind to yourself as you try to take on this challenge. You are doing the best you can with a suddenly complex situation. Talk to your baby. You two are doing this together.

Communicate your plans with your Provider for joy and safety.

What Is A Transverse Lie?

A baby in a transverse lie is sideways. The word transverse means “across.” When talking about baby positions, the word lie means the direction of baby’s spine compared to the mother’s spine. Put the two words together—transverse lie—and we mean the baby is lying crossways over the pelvis, like a plus sign with the mother’s spine.

“I was told yesterday at my 37-week appointment that the baby was transverse with his head on my right side and bottom on my left.” —M

The baby’s head is to one of the mother’s sides, and the bottom is across her abdomen at her other side. For instance, a transverse baby might have their head on mother’s left and the bottom on her right. Hands and feet may be kicking and waving toward her cervix (in the lower part of the uterus) and the back may be above their limbs. Another transverse baby may have their head on the right and kick toward the front because they are lying on their side across the womb.

What Isn’t A Transverse Lie?

The baby position called occiput transverse (OT) is a head-down position. The head has a skull bone called the occiput in the lower back of the head. The OT baby’s occiput is to the transverse, or side, of the pelvis. The back of baby’s head (occiput) is toward one side, and baby faces the other hip.

Head-down and head-up (breech) babies are both in a “vertical lie” (up and down). Their spines are parallel to the parent’s spine.

Two head-down positions use the words occiput transverse: left occiput transverse and right occiput transverse.

A breech position can also have the word transverse, such as in the name, right sacrum transverse. In this use, the base of baby’s spine is on the right and their spine is vertical.

The following situations might be confused for a transverse lie.

- Occiput transverse: the head-down baby faces a hip
- Transverse arrest: The Occiput Transverse head is blocked halfway down the pelvis
- Breech: baby’s spine is vertical, their head is up, and their hips are down
- Oblique lie: the baby’s spine is diagonal direction compared to the adult spine
- Unstable lie: the baby changes between these positions frequently

Definition Takeaways

- Occiput transverse is a head-down baby
- Transverse lie is the sideways position of baby's body in the womb

Vertex

This word usually refers to a head-down baby. Occasionally, you'll see the word vertex in a book to mean the baby's spine is vertical. Sometimes that is as much as we can tell by touch.

Cephalic

The head-down position. In Latin, cephalic means to do with the head.

Breech Lie

Transverse lie is not a breech position. The breech baby is vertical, but the transverse baby is crossways. Some people call the transverse lie the breech position, but that doesn't make it so.

A breech baby may have additional body-balancing needs to find the room to turn that may not be necessary for the transverse baby to turn. A breech baby can usually be born vaginally, although currently, providers with breech skills are few and far between. Pregnancy tips for helping a breech baby are discussed in our *Helping Your Breech Baby Turn* ebook.

Oblique Lie

A baby who is in an oblique lie is lying diagonally in the womb. Their head or bottom is resting near the hip. The head and bottom are not central over the pelvis. Generally speaking, the causes of an oblique lie are closer to those of a transverse lie than those causes resulting in a breech lie.

A person may think the oblique baby's head would simply drop into place at any time. If baby is oblique because the tummy is so soft from carrying many babies, a pregnancy belt may angle the baby into the womb. Some need the Forward-leaning Inversion to, presumably, remove the twist occurring in the lower womb.

The techniques in this e-book are usually sufficient to let the oblique baby settle head down. See our *Helping Your Breech Baby Turn* ebook if this routine is not enough.

One mother writes:

This is my 3rd baby, and I'm 35 weeks along. However, this is my first experience with the baby not being head down. He has been contentedly lying with his head in my right rib, and his feet in my Left Lower Quadrant for quite a long time now. [Note to readers: That's a description of an oblique lie.] I am terrified he won't turn for a natural delivery! I heard great things about your website, but the terminology confuses me to no end....I have 2 weeks left till my Dr. will do a [\[external cephalic\] version](#), and I'm terrified of that. Plus, the success rate isn't that great. Anyways, sorry for rambling and taking up your time. I hope you can help me!

Later, another email from the same mother:

I had one of my friends show me how the site worked ... and between the positions and the acupuncture, **he flipped!!!** Now hopefully he doesn't flip back. But thank you for your response! I really appreciate it:) And no, I didn't do the [\[external cephalic\] version](#). I opted out of it. I didn't like the risks. I just decided to try the acupuncture, all-4's, and the couch thing [[Forward-leaning Inversion](#)] on your website.:)

Helping An Unstable Lie

A baby who is in an unstable (or variable) lie is changing positions from head down to breech or transverse and back again. Or they may be breech and go oblique or transverse and back again, and so on.

One thing is obvious: the oblique baby doesn't have anatomical support in the womb to remain head down. So, they may not be head down when labor begins. It's good news that the techniques in this e-book are usually sufficient to help baby stabilize themselves into a head down position.

Crista's Story of an Unstable Lie

"I am 37 weeks pregnant with a breech baby who has flipped a couple times, so I think he has an unstable lie."

Crista took the initiative to explore the website. She tried the Forward-leaning Inversion (FLI). Her baby went head down and then flipped to

breech. The doctor tried to turn baby by pressing through her abdomen (External Cephalic Version, ECV). But baby turned back to breech again. We believe this is because the tight muscles acted like a tight rubber band and—twang!—sent baby back to the same breech position. No one relaxed the tight muscle that was forcing baby’s head back up.

Crista wrote back: “My 38-week baby had flipped head down twice (once from Spinning Babies® and once from a version [ECV] at the hospital), but wouldn’t stay that way—what’s considered unstable lie. I was 5 days away from having a version at the hospital, if it worked they would have induced me. If not, C-section.”

Crista began our recommendations.

“I did a few Forward-leaning Inversions and Side-lying Release after we talked and then had a vivid dream about the baby flipping. Went in for an ultrasound this morning and that boy is head down! I could cry. Thank you so much for what you do, it is a gift.

She added, “Planning to wear the pregnancy belt and continue [one FLI a day] and Side-lying Releases [SLR] to keep him this way (and walking and sitting on the ball). Thank you, thank you, thank you!”

To this, I replied, “Such good news! If you do decide to induce, please consider one FLI the morning before starting the IV. The SLR and FLI can support the normal progress of labor, whether natural or induced.

Crista agreed, “Yes! There is no reason to induce now, so I’m just like every other pregnant lady waiting for labor to start:)”

“I loved that your approach is so physiological and practical. My super, by-the-book OBGYN even recommended Spinning Babies® and she is usually very skeptical of anything outside medical guidelines. I wish everybody knew how much control you can actually have over how your baby interacts with your body! I am a believer and am excited to use some of the techniques during labor. Please share my story. I can’t thank you enough.” —Crista Gaalswyk

Twins

Balance activities have helped many twins turn head down. I have confidence recommending that pregnant parents of twins follow the same protocols we set for single fetus pregnancies. Our *Helping Your Breech Baby Turn* ebook or a session with an Aware Practitioner from our listing if your baby needs more than this routine.

Twins, triplets, quadruplets, etc., along with their placentas, grow in the available space inside the growing uterus. A twin that is sharing the womb with a sibling may be taking up the necessary space to have both babies head down. It's crowded! Our program may help.

Birth tip for a second twin: After the first twin is born, the sudden space in the womb may allow the baby's head to move down into the pelvis with contractions. If the abdomen is too loose to direct the baby into the pelvis, the baby may be left in the transverse or oblique. Gravity is an especially good midwife. Use your hands (or a pregnancy belly wrap) to shift the angle of the uterus so it lines up with the pelvis when you stand.

If the second twin stays oblique after a few contractions following the birth of the first twin, stand up and let gravity help. Place the foot that's on the same side as baby's head on a stool and rock towards the knee a couple times during a contraction. Don't pass your knee further out than your toes so your knee ligaments aren't over stretched.

The doctor or midwife better be ready to catch before you raise your leg to lunge!

Kirsten writes:

"Hi, Gail, I was referred to your website by a friend of mine and your information is fabulous! My first child was a straightforward 6-hour labour born in the water at home.

My second pregnancy was a whole different ball game—we diagnosed twins at 29 weeks and at 33 Baby A went breech, Baby B was transverse across the top the whole time. I had a straightforward birth (3 hours) at 37 wks nonetheless; Baby A splashed into the pool and Baby B turned and came vertex.

My reason for writing is that I am expecting twins again (I'm 14 weeks)—I would really like to encourage two head-down babies this time in order to decrease some stress! :)

The gentle approach of Spinning Babies® is appropriate for pregnancies with multiples. Because we invite movement without using force, it is only the babies themselves doing the turning. The first, both, or all babies may move head down. A second twin may not turn head down until after the birth of the first. Nature finds this normal, but many parents are told they will have to have a cesarean just in case their baby doesn't change their position.

With any of the above situations or positions, be mindful of contraindications. High blood pressure is a strong **no** to the question of whether you should do the Forward-leaning Inversion. Let's consider the **no** list next.

Who Should Not Do These Techniques

Don't do any technique that you have a medical reason to avoid. We want you to have a meaningful conversation with your provider about our program. Refer them to the webpage on Sideways/transverse lie so they see our advice.

Some people experience complications in pregnancy that would make going upside down unsafe.

Do not go upside down when there is:

- Bleeding from the vagina that is not cervical spotting with the onset of labor.
- Signs of premature labor
- Recent surgery
- Hypertension, high blood pressure
- Bleeding in pregnancy from the placenta
- Full stomach (acid reflux could result)

Do not do Side-lying Release if:

- You have hypermobility
- There is bleeding in pregnancy from the placenta
- Preterm labor is threatening

A fall on the ice:

Hello, I was told yesterday at my 37 week appt that the baby was transverse with his head on my right side and bottom on my left. He seems to be lying with his head slightly lower than the butt. I have been doing [Forward-leaning] inversion a few times since then hopefully it will work. How often does a baby turn without additional help ie. chiropractor or moxibustion? I slipped on some ice and fell on my left side Monday afternoon, could that have actually caused him to move from head down? thanks, M

Gail's reply:

Dear M, Yes, the fall may have been the cause....To help you find a practitioner, like a chiropractor, get a recommendation from a birth group, doula, prenatal yoga teacher, midwife, or our list of Aware Practitioners. You want someone who sees pregnant women daily....Be sure you are doing the Forward-leaning Inversion correctly.

Ask your provider if there is any medical reason not to do inversions (rather than an opinion) in your case. Let me know what you decide. By the way, was baby head down at your exam?

From M:

Hi Gail, Yes the baby was head down. I noticed that my belly seemed lower the day after the fall. I have an appointment tomorrow with a chiropractor who is trained in the Webster technique, so hopefully that will help. I have been doing inversions with my knees on the couch and resting my forearms on the floor. I will have my husband check to make sure that my bottom is lined up with my knees. So it is okay to do both the inversion and the breech tilt? I thought you were supposed to do one or the other. The doctor did suggest doing a version [external cephalic version], I have an ultrasound scheduled for tomorrow to check fluids. I wanted to try less invasive techniques first and then will do that if need be.

From Gail:

I agree with you, [M], body work first, Webster and sacral releases (Logan's Basic, standing sacral release) and that would help the manual, external cephalic version be more successful.

Yes, please do the Forward-leaning Inversion first for 30 seconds.
Optional: Some do a Breech Tilt for 10 minutes after 3 of the FLIs.

From M:

I did the 7 inversions and then the breech tilt this morning.
I also went to the Chiro. And at the ultrasound, he is head down :)

Response to Emotional Events

Occasionally, an emotional upset may cause a baby to move up out of the pelvis to lie sideways. An old friend from school had just this happen. Newly widowed and pregnant with twins, she asked me to be her doula. In early labor, she called to let me know contractions had begun but since she was still comfortable, she planned to check the news of the day. Our call ended just about 9 am. She turned on the television news to hear that a plane had hit one of the Twin Towers in the World Trade Center of New York City. Then a second plane hit the second tower. The rest of the morning, we sat in our homes, calling and gathering with our families.

As I kept my mind on her, I struggled to comprehend such violence as we moved through the miracle of birth and meeting two fresh, innocent babies. I checked in with her. She called me to her home as her labor strengthened. We now turned our full attention to the power of life surging through her body. Soon, we were gathering bags and car seats to bring with us to the hospital.

At the hospital, an exam revealed that her twins were both now lying sideways. Her plans for a vaginal twin birth quickly turned to a necessary surgery. The medical staff were extra caring as they moved through their duties to deliver the twins. The feeling in the operating room was of gratitude for life.

While we were somewhat disappointed that we had no time to address the babies' position, we reconciled our expectations by accepting that things happen sometimes without time to address them in any other way but emergency medical care.

Where's the Placenta?

A baby may be transverse in late pregnancy because the placenta lies below the baby in the lower part of the womb. A cesarean will be a lifesaver in the cases where the placenta is blocking the door of the womb no matter what the baby's position.

When Does Position Matter?

The First Trimester

In the first trimester, a baby's position is not a strong clue to body balance. Lying sideways is quite common for babies at this stage of pregnancy. The head is not heavy enough yet for gravity to attract the head below the body.

The uterine position, however, is a good clue. A tipped uterus before pregnancy, or a pregnant uterus not rising properly out of the pelvis, are invitations to body balancing. Body-balancing techniques might prevent long labors and cesareans. Gentle balancing measures and gentle self-care begin now. (Before pregnancy is even better!)

The Second Trimester

During gestational weeks 14–27, the baby may be oblique (diagonal), sideways (transverse), breech, or head down. By 26 weeks, we expect baby to be vertical, either head down or breech. By the end of this trimester, we expect most babies to be head down. Approximately 15% of babies will still be breech. We think regular body balancing will reduce the number of breech, transverse, or oblique lie babies and let babies settle more readily head down. A few of the babies that are transverse in the second trimester may yet turn spontaneously head down in the third trimester.

The Third Trimester

As the third trimester gets underway, I expect that the baby will be head down. Midwives and doctors won't typically show concern until the pregnancy advances to 36 or more weeks' gestation. I believe the concerns wait for the last month of pregnancy because the main goal is that the baby is head down in time for birth. But body function is beneficial all through pregnancy. Better blood circulation and better sleep seem to be some additional benefits of body balancing.

Transverse babies turn less often late in pregnancy. There's simply less room. A very few will turn head down on their own between 36 and 40 weeks, but more will need help to turn head down.

How to Tell Your Baby's Position

These instructions are basic and will help you estimate your baby's position. A provider can help confirm the position before you begin.



But, you can feel your baby's position for yourself.

Before the program, record where you feel the signs of your baby's head and limbs.

Write your responses to the questions below or draw them on a sheet of paper.

Keep the paper to compare when you check again.



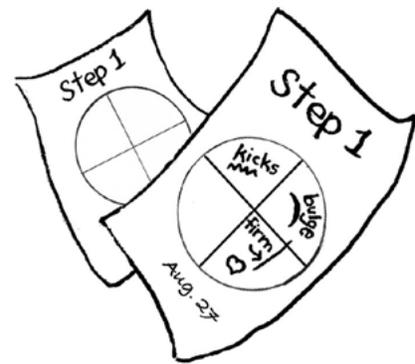
A Short Guide to Belly Mapping®

Lie on your back in a comfortable position, with pillows under your head, shoulders and knees.

Press with the pads of your fingers on your abdomen to find and trace the contours of baby's body.

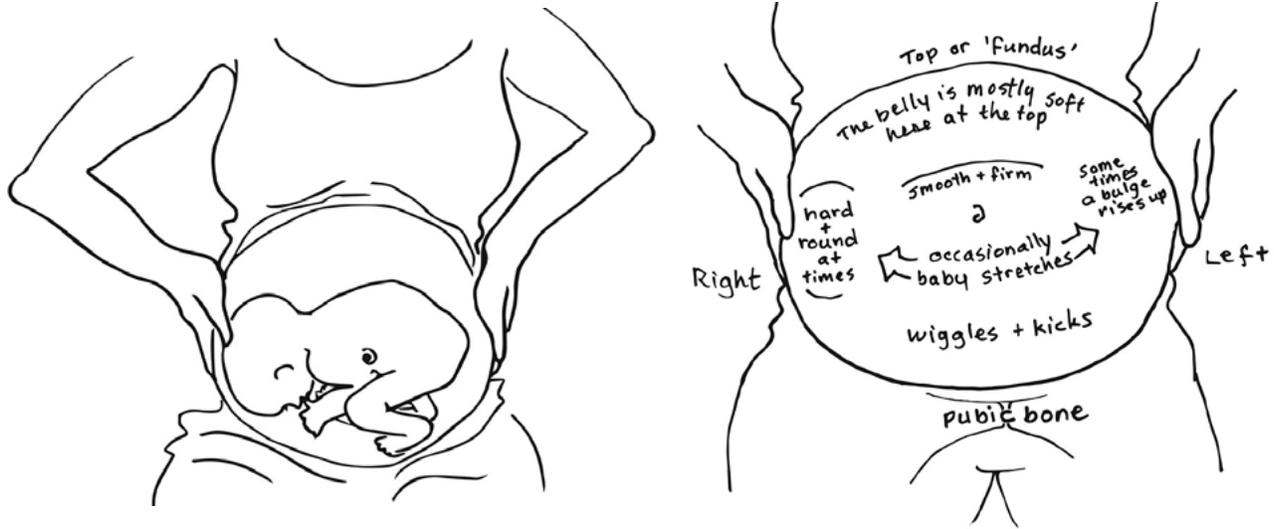
1. Can you feel baby's head press up near the top or the top side of your womb?
2. Where do feet wiggle?
3. Can you feel baby's limbs? Are kicks "everywhere" in front? Above or below baby? or, which side, left or right?
4. Is the smooth back on the top of baby, the bottom, or a side?

Belly Mapping® is a fun process to estimate baby's position in the third trimester. See Spinning Babies® website for a free section of how-to's and a book for sale.

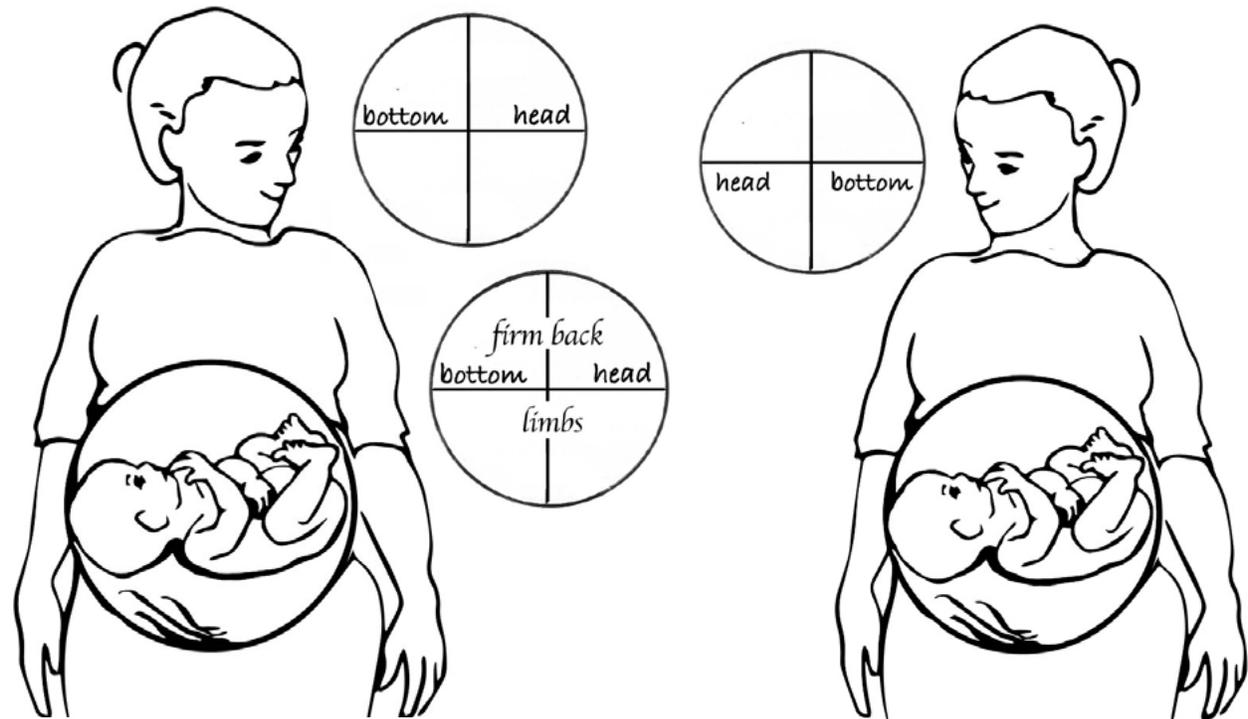


Mapping a Transverse Baby

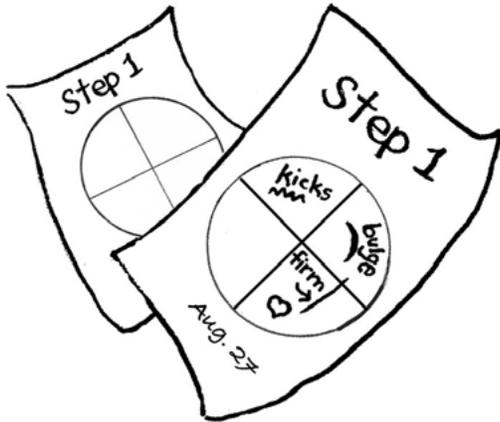
What do you feel? Begin to notice how movement reveals position.



Notice the opposites: The head and bottom sometimes pushing outwards. The large smooth back of baby opposite the kicks and wiggles of the baby's limbs. A placenta in front may hide the limbs.



Your Turn For Belly Mapping®



Use this map for your first try.

Lie down, breathe, and roll your finger pads deeply to feel baby's bumps and edges. You might have someone read these questions and write or draw your answers on a map while you explore the contours of baby.

Q: Where do you feel your baby's feet?

A: Put Ks for the strongest kicks. Don't write the location of the more gentle kicks or the wiggles of the hands yet.

Q: Do you find a bulge at the top? The edge of your baby's body at the top? It may shift or slide occasionally, rising up. Where is it, now?

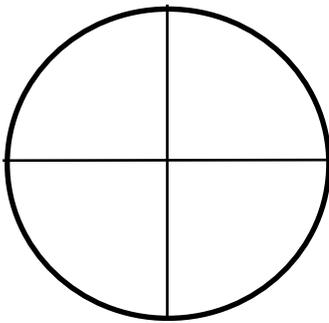
A: Draw a curve, open to the bottom there.

Q: Is one side of your baby harder, smoother?

A: Draw a line representing the outline of the edge of that firm, solid part of the baby.

Q: Do you feel smaller movements compared to the bigger ones? Flutters or wiggles?

A: Write little Ws on the exact location(s). Can you remember where your provider (or you) heard your baby's heartbeat? Draw a little heart on that location.



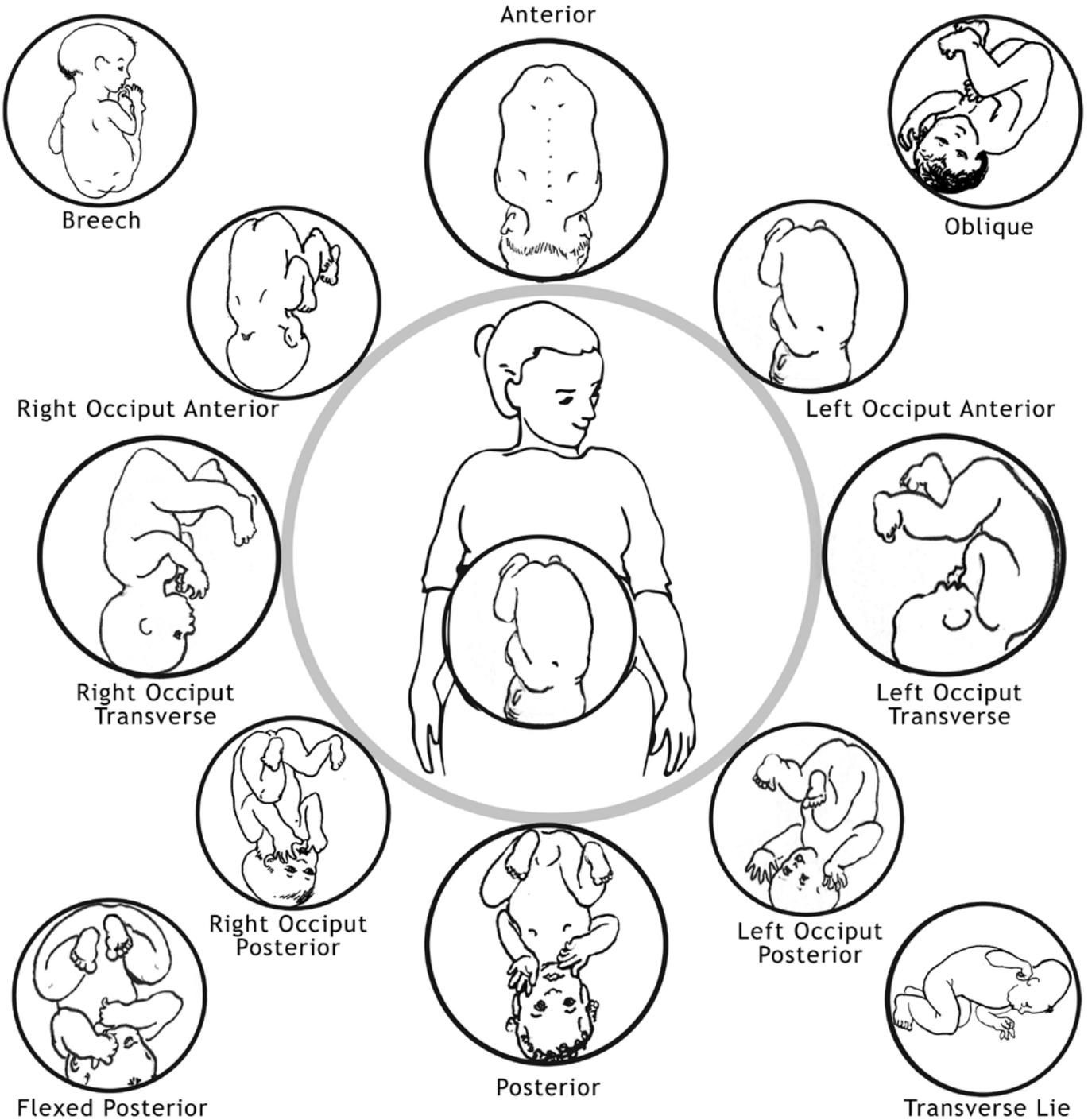
Alternatively, you can write "kicks" and "wiggles" or "firm," but don't write "hands" and "feet," or "back" yet, unless you are very sure. Simple, consistent markings will keep your Belly Map understandable over time.

Belly Map Legend

Kicks	"K" or <
Bulge	"bulge" or
Back	"firm" or
Hand wiggles	"w"
Heartbeat	
Head	"O"

Fetal Compass Rose

By Gail Tully

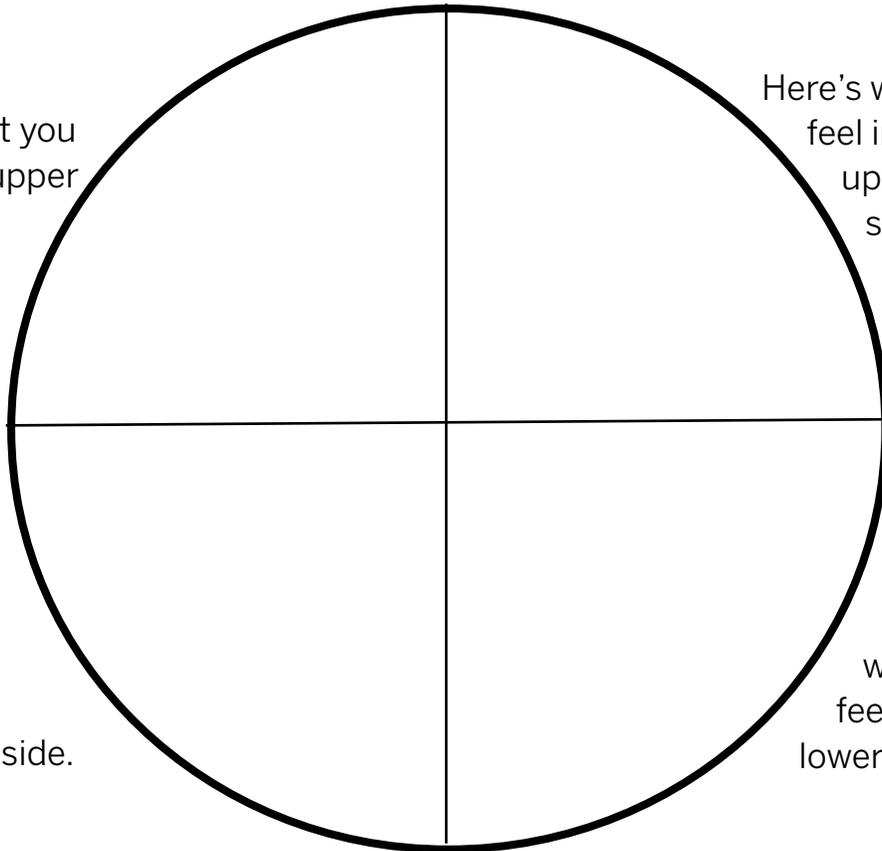


Your Belly Map

Date:

Here's what you feel in the upper right side

Here's what you feel in the upper left side



Here's what you feel on the lower right side.

Here's what you feel on the lower left side.

Notes:

Belly Map Legend	
Kicks	"K" or <
Bulge	"bulge" or 
Back	"firm" or 
Hand wiggles	"w"
Heartbeat	
Head	"O"

Tracking Position Changes

You might notice a change in where you feel the kicks if the baby turns. Not everyone will feel their baby turn. You may wake and sense that baby feels different.

If you sense any difference, or after you've completed the activities of the program, go through the same assessment again. When you meet with your provider, you can add their assessment to improve your observations.

Date ____/____/____

Today, I feel baby's small parts Y____ N ____.

I feel baby's small parts on:

Top ____, Bottom ____, Left ____, Right ____, Front ____, Not found ____

Today, the biggest kicks are located above ____ or below space ____ on the baby's back.

I found baby's back on:

Top ____, Bottom ____, Left ____, Right ____, Front ____, Not found ____

I suspect the baby's head is on the:

Left ____, Right ____, Top ____, Bottom ____,

If your answers change significantly your baby may have turned.

Consider that a foot now kicking the top of the abdomen is a hopeful sign. It may be that the baby is head down.

How Does This Program Work?

To help a transverse baby, the goal is to remove a twist in the lower uterus.

We choose balance activities that allow gravity to turn baby head down. Babies will use the added space we release in the womb to turn themselves. Gravity's pull helps them. But often not without making the space first. The activities we describe can be done at home by parents and helpers.

Many transverse babies are head down within 48-hours of a day of focused activities. In the spirit of joy with your body and baby we call this the "Play Date".

Professional Bodywork Support Is Also Helpful

Professional bodywork and self-care for restoring balance is ideal for everyone but may be necessary for people with a history of accidents, injuries, or repetitive sports or work movements. A self-care program might not be enough.

Osteopathy, chiropractic, Ortho-Bionomy, Maya abdominal massage, therapeutic massage (not relaxation massage), and fascia therapy are helpful bodywork when the practitioner is trained for the needs of a pregnant body. Acupuncture and homeopathy may offer additional success.

If baby isn't head down 48 hours after our routine (and you are 32–34 weeks pregnant or more) please see a professional bodyworker with experience and expertise in pregnancy. Certainly, there are benefits to seeing a professional throughout pregnancy, but we are focusing this particular advice on the transverse lie and seeing what you can do at home first. Our trained [Spinning Babies® Aware Practitioners](#) are listed on our website. Some people might not be by an Aware Practitioner, so body work by other bodyworkers, such as Chiropractor or Osteopath trained in pregnancy safety and needs are an alternative.

What If My Baby Turns Back?

Might your baby turn back to transverse? It's possible, but less likely than a breech baby turning back. Sometimes a long car ride, a fall, or sleeping awkwardly one night might let the tissue return to a twist. If so, a Forward-leaning Inversion or two may let baby back into a head-down position more easily the second time. You've already helped the general status of your uterine ligaments so they are closer to balance. The full program can be repeated if you feel you started too early or want to try again.

Pregnancy Self-care At Home

Daily self-care activities help restore the body so that muscles and ligaments held by fascia aren't held too tightly or left hanging loose with no support.

Many pregnant bodies will benefit from this entire program to release the twists and tensions in the soft tissues in and around the uterine muscle. The baby will now find suppleness to move.

Don't stop with information alone. Take action. A common but ineffective habit is to find out what to do and then set the information aside. To experience something new, try something new.

Once a baby is head down, parents ask, "How do I keep my baby head down?" We list daily activities, as well as the body-balancing activities shown in the program below, on our website. Daily body balancing is how you maintain the space—and comfort—you made available.

Improving the range of motion in your joints and helping muscles be long and supple with daily activity is a nourishing self-care activity for anyone. The daily activities list in our Pregnancy section of our website help set the stage, so to speak, so the restorative techniques, listed later in this ebook, can be more successful and the baby can stay head down. Ligaments won't revert to the habit of a twist.

For a transverse baby, regular exercise or even prenatal yoga are not likely enough to restore the uterine alignment that baby needs to get head down. But once baby is head down, daily stretching activities are likely to help prevent labor complications from less ideal positions of head down babies. Start them now, and keep using them when your baby is head down.

We provide a free list of daily activities on our website and an inexpensive video download for pregnant people to use from 20 weeks onward. It's OK to start certain mild exercises earlier. And many people experience an easier childbirth even when starting at 30 weeks.

Here are two activities that are likely to prepare the anatomy around the uterus toward more suppleness. This will help the muscles near the uterus to also be more adaptive to baby being head down.



An Easy Psoas Release

Why? A tight psoas muscle pair reduces room and may hold baby high. A longer, more supple psoas is one of several factors in better digestion, and walking, balance, and comfort are all enhanced with a longer psoas muscle pair rather than a short or less supple psoas pair.

How? Lie on your back on your bed or a massage table so that the bottom of your buttocks is at the very edge. Bring one of your thighs up at a 90-degree angle and hold it alongside your abdomen. Let your leg hang for 2 1/2 to 3 minutes, notice a softening of the front of your hip. Change legs. Repeat. Roll to your side and get up slowly.

How long? 2.5 - 3 minutes each leg for 5 - 6 minutes total. **How often?** Daily.

Front Lunges

Why? Front lunges help lengthen your psoas, too. Create a gentle stretch at the top of the back leg. Kneeling lunges, standing forward lunges, and sitting with your knees lower than your hips will help lengthen your psoas.

How often? Daily. **How many?** 3 on both sides for 1 minute each. See more about the psoas and more ways to lengthen your psoas under the Techniques menu. <https://spinningbabies.com/learn-more/techniques/other-techniques/psoas-muscle-release/>



Lots of Ways For Self-care

- Compassionate self-talk
- Drink 12 glasses of water a day
- Rest 7–8 hours as you can get it each 24 hours
- Protein, 6 servings, including 2 eggs any way you like (no eggs? consider a vitamin B12 supplement)
- A little salt in your daily diet, iodized, please
- Green leafy vegetables: collard and mustard greens, raw, washed spinach, roasted kale
- Yellow and orange veggies most days a week: yam, sweet potatoes, carrots
- Omega-3s such as cod-liver oil with Vitamin D, or flax oil if vegetarian
- Vitamin C in a tablet or hibiscus tea or oranges with the white pith
- Listen to melodious music and sing each day
- Show kindness to others; babies love the oxytocin created
- Walk outside, or up and down stairs or swim if you cannot,
- Giggle, play, dance, make love, let unreasonable joy flow through you
- Write, draw, sculpt, or enjoy art that brings you pleasure
- Pray and visualize peace and health

Live with motion and good nutrition. The rewards are pretty much instant.

“My baby was in a transverse position last Monday and the doctor [said] if the baby stays that way she will need to speak to me about a C-section. My husband and I were worried after meeting the doctor because, like most mums, my preference is to have a normal delivery. I did the FLI [Forward-leaning Inversion], as demonstrated on your website, three times. Almost instantly, after the first FLI, I felt the baby move. And at my ultrasound on Monday, the baby is head down.

You are a miracle worker. Thank you so so much.”

—Lynn Saldanha

Two Stretches and a Jiggle

You can start these techniques once a day leading up to the day you will do them several times in that day. After baby is head down, you'll use them again. Meet them now, and try them before your day of multiple uses of them.

Begin With a Jiggle

Your helper might sit by your knee as you rest on your side in bed or on a couch.

They put both hands around your thighs. Holding your thigh muscles with equal gentleness, they begin slowly moving their hands to jiggle your thigh. Waves start to form in the fascia, first lightly and near, then spreading to your hip and knee. In time, the pelvis will be relaxed with the “fascia waves” that the hands initiate. If you feel relaxed, it's working! Give feedback so the motion feels smooth and regular.

Enjoy the jiggle up for 5-20 minutes. The helper changes hand positions intuitively to the buttock and hip. The main thing is that their hands listen and you feel wonderful.

The fascia, or connective tissue, receives a gentle jiggle as a signal to relax and allow circulation and more mobility to the body. This gives more room for baby to move head down. And, the jiggle will prepare the pelvis for the Forward-leaning Inversion.



What If I Am Doing This Solo?

There are ways you can seek the benefits to your fascial of the jiggle when you live alone or otherwise don't have a person to help you. Relaxation and calming is the goal of jiggling. This is a relaxation that reaches your nervous system and calms it down.

You actually can lay on your side and jiggle your upper hip. Take a long time with it. Move your hand to where your body “asks” to have tension removed.

Another way to jiggle?

- Deep belly laughing with joy for minutes

Cautions and Contraindications for Jiggle Safety

- Do not jiggle vigorously
- Do not jiggle when there is bleeding from the placenta or unknown reasons

Be safe; be gentle

- Do not shake the baby

Belly Hug

Another special technique from Carol Phillips, DC.

Hug your pregnant belly around the clock. That's said that way to remind you but also to help you think of your pregnant belly like an analog clock: the top is 12 and the bottom, by your pubic bone, is 6. The left side is 3 and the right side is 9. You can do this yourself standing in line or standing for this activity.



Put one hand on the right and one hand on the left. Hold your belly gently. Actually more gently than that. Don't let your hand make an imprint, but lift your belly out to the front.

Now lighten the pressure, but keep lifting. How can I know you are using too much pressure? I haven't met someone who hasn't used too much pressure until it's pointed out that the hands would simply leave the belly if the pressure were any lighter.

Both hands are opposite each other. Take the hug around "the clock" at 12 and 6, 3 and 9, 4 and 10, and 2 and 8 o'clocks. At each set of opposites, take three big but soft deep breaths. Let your belly rise and fall with each breath.

Take your time doing this exercise. Enjoy how relaxing it is.

Dear Gail, I found your site very informative. This is my third baby after the first two normal deliveries. I've been having check ups for this baby, and since 38 weeks, baby was breech, a few days later turned to right transverse lie, then again turned to left transverse lie in my 38-weeks-6-days scan. I can feel her move up and down the left side of my belly, as the head is prominent. Got a checkup scheduled for tomorrow. I want to know what my options are to have a normal delivery at this stage.

When I tried an inversion today, the baby moved from the transverse lie to a breech. I am feeling her head near my ribcage. Could you comment on this? With best regards, Tjitha

Gail's reply: Once baby is head down I suggest a brisk long walk followed by a pregnancy belt worn for a while! Until engagement perhaps. Wear the belt snug but not tight. Give a slope to your abdomen. But, Tjitha, always do what you think best. You are the Mama. —Gail

Just two days later, January 14, I received Tjitha's happy news: Amen! Gail, my baby has turned head down! Praise God! I did nothing more than that one inversion, then pray with faith! And am scheduled for an induction tomorrow morning. God bless you! Love, Tjitha

And on January 18: Dear Gail, I delivered my baby boy through normal delivery. Thank you for all the support! Love, Tjitha

Gail: Dear Tjitha, This is such a blessing! Do you think the inversion may have influenced your baby to flip head down? What was the timing?

Tjitha's Reply, Feb. 2: How are you? My baby has been keeping me busy. Oh yes! I would love to encourage other ladies who may be going through a similar situation. On the 13th [in the] morning I had done the inversion and on the 14th morning the baby had turned head down. It was confirmed by a scan. [A]fter I had done the inversion, I prayed earnestly with faith that God can turn the baby, and He did. When we pray with faith, God can work wonders!

Forward-leaning Inversion for the Uterus

Why? This is the most important technique. The weight of the uterus when hanging from the cervical ligaments causes a gentle stretch that signals the body to unwind the ligaments. The lower uterus opens up to create more space.

It is the coming back up to kneeling that makes FLI work best! After leaning forward on your elbows, come all the way back up to a high kneeling position. Take two breaths and then sit on your heels for one more breath. You'll let your ligaments settle into a more symmetrical position while you catch your breath.



People worry that the baby will go breech. The risk of baby turning breech rises if your amniotic fluid levels are unusually high (a doctor will be measuring the fluid levels weekly). If you have a sinus infection going upside down may throb (or may soothe). Read the instructions below out loud or [watch the videos](#) before *and after* the inversion for the first time, as mistakes are common.

Don't go fast. Protect yourself from falling.

How long? 30 seconds. That's three breaths long. Longer is not better! Repeating is better. **How often?** Daily until your Playdate.

We think the Forward-leaning Inversion is the key technique to the success of helping a transverse or oblique baby turn or stay head down.

Cautions and Contraindications for FLI

When first going upside down, some people get a signal with a strong pulse in their head. If this happens to you, come back up earlier than 30 seconds that time and try again later. After a couple times, the pounding will go away. Your body will know you meant to go upside down.

Remember, don't get upside down if you have high blood pressure or are otherwise at risk of a stroke. Wait after eating to avoid heartburn.

Please only do the FLI if you are medically safe to go upside down and your shoulders are strong enough to do it safely. To be safe, have a support person who will use hands-on guidance while you are going down and up a few times before you do this alone, especially if your first time doing an inversion is at the end of pregnancy. Have a little stool or box by your bed or couch to push your hand on when coming up or down. A large belly changes the point of gravity in your body, so you may go down faster than you intend.

Summary of Foreward-leaning Inversion

Remember FLI is for making room in the uterus for baby to settle head down. It's not a gravity technique done to make baby move. The reason FLI works for transverse babies is that FLI seems to untwist the ligaments that may be twisted and close the space in the lower uterus near the cervix. Other benefits of FLI make it worthwhile to continue with one inversion a day after baby is head down.

It may be that only one Forward-leaning Inversion is all that is necessary to help your baby out of the transverse and into a head down position. It's ok, if your ligaments need 3 or 7 or even 14. But after that, consult a pregnancy bodywork professional for body balancing. Consult an obstetrician to check for reasons besides body balance .



After leaving the OB's office and learning the reason for all my pain, I texted my doula who told me to look up your website. After learning that our son was in a "transverse lie position," I found the video of the lady doing the [Forward-leaning Inversion] and decided to try it off a bed. I was able to hold the pose for 30 seconds but I didn't think anything had happened. My hubby checked the baby's position and sure enough he was in the perfect occipital posterior position! [I guess one person's malposition is another person's perfect position!] It's been over 4 days now and he hasn't moved back so I'm praying we are safe. Thank you SO much for saving me all the pain of carrying him sideways and avoiding a C-section!! —The McGuires

How To Do a Forward-leaning Inversion in Pregnancy

Move gently! Don't drop into place! Be controlled to prevent falls.

- 1.** Kneel on the edge of a couch (or the top of the stairs). There's no pillow on the floor, but a non-slip surface would be helpful, like a yoga mat.
- 2.** First, Kneel high to see what the ending position feels like in your body. We start in the ending position so you know where your goal is at the end.
- 3.** Put your hands on the edge of the couch, bed, or other surface you are kneeling on. This is the "Safety Position" to orient yourself before #4.
- 4.** Carefully lower yourself to your hands on the floor and then lower yourself more to rest on your forearms. First one hand, then the other. Lower your first elbow down, then the other. Elbows aim out, hands are close. Use a stool or step, if you like, to help you walk your hands down.
- 5.** Let your head hang freely. Your chin is tucked. Don't rest your head on the floor. Straighten your shoulders to make room for your head.
- 6.** If it helps, flatten your lower back (posterior pelvic tilt) to give more room for the top of your pelvis. Move your spine in a fluid motion gently, if you like. Your neck may release with a little movement.
- 7.** Take 3 breaths. Belly loose, shoulders strong; chin tucked and neck long. Your knees are close to the edge but not over the edge, your bottom is highest.
- 8.** Come back up on your hands, using a stool, block or help from your helper. Then back up to sit on your heels bringing your hands back to "Safety Position". Take one or two breaths before going on to #10.
- 9.** Come up to a high kneeling position for the final position. Take one breath here. Then sit on your heels again.
- 10.** To get up, swing your feet out from under you together. Feet together, moving like a mermaid to prevent a pull on your symphysis pubis (pubic bone). You will protect your pelvic stability this way.

The Queen of the Stretch: Side-lying Release

The Side-lying Release (SLR) is a “static stretch” for the hip muscles.

Why? SLR will temporarily lengthen the muscles in and to the pelvis. Benefits for comfort may last a day or so; specific benefits for labor generally last 2–4 hours.

How often? The SLR can be repeated as needed. For pregnancy in general, I recommend two SLR a week. To allow baby to turn in a short number of days, daily use is recommended. In labor, do once for prevention every 4-6 hours when awake.



How? The instructions in this book are a start. Try it and then refine it by watching a video with detailed, step-by-step instructions in our Spinning Babies® Parent Class or learn with a Spinning Babies® Certified Parent Educator.

Tips for success: Your comfort is one clue; have your helper push your top hip slightly back to see if your hips feel more stacked and therefore, more comfortable.

The helper may place a slow pressure on the hip to tell you that the hip is well balanced; you can't check visually. Let the full weight of the top leg hang free. The top shoulder stays directly over the lower shoulder. The top hip must be held straight over the lower hip! Then you are ready to move your top leg.

Helper: Don't let the hip lean forward! During the entire technique, they don't let go of the hip! Stay out of the way of the thigh so it can hang freely. As the belly relaxes, the leg relaxes.

How To Do A Side-lying Release

1. Begin on either side. Head is level on a pillow, *not tilted*. The neck is straight. A pillow that is too big is too commonly overlooked.



2. The helper stands beside the couch (bed, massage table). The helper may use their leg or hip against the edge to keep the receiver from tipping off! The helper places their hands on the receiver's hips before asking the receiver to come up to the edge of the couch.

3. Holding a chair or table near the edge of the couch, and with the helper's hands on their hips, the receiver scoots their hip right up to 2" (5 cm) from the edge of the couch. A 3rd-trimester pregnant belly extends beyond the edge.



4. The helper curves both palms around the edge of the mother's hip (front and top; ASIS). The helper must prevent the mother's hip from leaning forward after her leg hangs.



- 5.** The receiver straightens her lower leg. But the helper must not pull the leg straight!! Toes are up (flexed) toward her knee.



- 6.** When the helper is steady and in place (but not before!), the receiver slightly lifts her leg up and over her thigh and then lets it slowly hang down in front of the couch.



- 7.** Wait 3-5 minutes. The top leg may be lower at the end of this time.



- 8.** Change sides and repeat.

Tip: A slight wiggle of the hip helps relax muscles. This is so slight as to put a tiny baby to sleep. Make your move feel like a vibration and not like a shake.



- 9.** The receiver finishes by getting up and walking around the room in each direction or up and back in a straight line, depending on the space available. Drinking water and urinating is recommended after balancing.

Cautions and Contraindications for SLR

Do not do any exercises, including any inversions or twists (Forward-leaning Inversion or Side-lying Release) if you are having vaginal bleeding, cramps or uterine pain that is not from labor) before a physician can help determine that the pain is not related to the placenta. Do not do these if there has been bleeding from the placenta.

The Side-lying Release is typically very safe. Avoid Side-lying Release if there is:

- vaginal bleeding other than a normal “bloody show” of labor
- cramps that are not normal labor contractions or the need to poop
- hypermobility
- recent hip or knee surgery

If a sharpness is felt during SLR in the lower hip or thigh, first check the alignment of the hips—the top hip may be tipped forward. If you feel like the hips are aligned and it still feels tight or sharp, stop and calm the muscles along the outer leg with a long massage stroke down the outside of the leg several times. Try again.

Please pay attention to a pain that persists more than a few minutes. Report abdominal pain to your provider, including shoulder pain. Stop these or other exercises immediately if the baby begins sudden, vigorous, frantic movements during the new position. Don't get upside down or do the Side-lying Release after such vigorous movements before assessment. Have the baby's heartbeat assessed immediately anytime this happens, with or without exercise in which the baby moves frantically. If you do the Side-lying Release, do it on both sides and keep the hips stacked. This is important!



Solo for Side-lying Release?

Do the jiggle as a self-care technique, while sitting and even while laying down. If sitting, put one foot on a stool. Lean forward. Hold your thigh in both hands. Your palms are across from one another with your thigh muscles in a gentle but solid grip. Begin rocking your hands around your thigh bone, bringing the fluid under your skin and between your muscles into oscillation with your movement. You begin gently shaking your leg. Make the movements slight, not vigorous shaking! If you tune in and hold your leg with awareness as you jiggle your thigh, you can find the movement that lets your inner leg feel fluid. This “fluid” wave eventually reaches joints all of the pelvis.

Feel the leg respond. It’s as if a current of water were making waves inside. Jerking the leg would be like a splash. Vibrating the leg is like making ripples through the muscles.

The Breech Tilt

This is a gravity technique, not body balancing. The aim of a breech tilt is to bring a breech baby out of the pelvis. So why do this for transverse babies?

Breech tilt is occasionally recommended for a transverse baby. And it may help. Honestly, the purpose of going upside down on a board is to let the baby’s weight settle on their head to initiate a flip while their bottom is out of the pelvis. A transverse baby won’t be on their head when you get into a breech tilt. Spend 5-10 minutes upside down on an ironing board.

Saying this technique is optional is not the same as saying don’t do it. A breech tilt may help a baby turn, especially if the womb is simply loose and not twisted. If you do this, follow your good sense in getting on and off and don’t separate your legs too much, as this can twist the cartilage connecting your pubic bone. Keep your knees moving together. If you move carefully, I don’t see harm in it. A Forward-leaning Inversion done just before this makes it better.



How to Plan Your Playdate

Prepare yourself and your household for a day dedicated to a series of activities that will keep you busy approximately every other waking hour with a two-hour break at each meal. This persistence is what we believe will give baby the room in the womb to become head down.

You'll need a helper to be with you to do the Jiggle and the Side-lying Release. Do you need their help to do Forward-leaning Inversions safely—once or all 7 to 14 times. The Forward-leaning Inversion (FLI) is the best technique for unwinding a potential twist in the uterus and letting the sideways baby turn their body vertical. Do it safely!

Make the day doubly useful. Between activities, you might make meals to freeze to eat during the first weeks after birth. Have good food ready to prepare easily. Do the shopping before your day. You'll want freedom from certain obligations so you can follow this schedule for the best chance of success. Slow the pace of the day to tune in with the rhythms of your body that day.

Can I Do This in One Day? I See the Doctor Tomorrow! (or Today!)

This program can be done immediately without preparation, for instance, if you just found out you are scheduled immediately for an external cephalic version, a scheduled cesarean, or labor is beginning. If started in the afternoon, continue the next day, but do not set an alarm! Sleep is precious! If you can try all of the techniques before making a day of doing them several times, I suggest that. The day will be much easier for you.

Should I do 7 or 14 Forward-leaning Inversions?

Seven seems effective for most transverse babies to turn. Some people will want to do more than the minimum, but any more than 14 seems extreme. Adrienne Caldwell, one of my key advisors on body balancing, suggests 14. She's no skimper!

What Else Might I Do That Day to Help Baby Turn?

Spend an hour in the morning creating a state of emotional and mental balance. A peaceful emotional state will help immensely with your physical releases. You may choose chanting, prayer, tapping, hypnosis, acupuncture/acupressure, chiropractic, osteopathy, bodywork, and/or melodious singing. Which is best? You decide. Pick a few. Explore to fine-tune your morning.

When Not To Do This Program

Don't do any of our techniques if there is bleeding from the vagina, other than the cervical spotting or "bloody show" normal with the onset of labor.

Do not do this program if there are signs of premature labor until these signs have been assessed by a medical care provider and found not to be dilating the cervix to the actual point of labor. These techniques can be done in the hospital with cooperation from your medical staff if you are being observed for preterm labor.

Additional medical reasons to avoid the Forward-leaning Inversion include recent surgery and/or hypertension, to name two. High blood pressure puts extra pressure in the brain, and going upside down increases that pressure on compromised blood vessels. Do not do Forward-leaning Inversion if there has been bleeding in pregnancy from the placenta.

Hypermobility is a contraindication to Side-lying Release. People with hypermobility, you know who you are. Your thumb may be able to touch your forearm, or your elbows may bend so that the elbow is inside the bend, not outside. Additionally, do not do Side-lying Release if there has been bleeding in pregnancy from the placenta, even if it has stopped. We aren't aware of a contraindication to release of amniotic fluid.

Neither Side-lying Release nor Forward-leaning Inversion should be done if there is bleeding from the placenta. Have preterm labor contractions or other signs assessed and work in collaboration with a doctor in this case.

How Early Is Too Early?

You may decide to wait to do the techniques until 30–32 weeks even if you know you have a transverse baby. On the other hand, it's fine to do one Forward-leaning Inversion a day from the start of the second trimester. Some people will begin daily activities at 20 weeks. Read the contraindications below, and if you have none, then I yield to your personality.

How Late Is Too Late?

When the fascia and ligaments are balanced (these are connective tissues), a large baby may still turn at 40 weeks; it's just not as common as a baby turning earlier. Rarely, a baby can manage the fancy dance to turn in early labor! The earlier you begin, the more opportunity you may have in birth and comfort.

When Is The Best Time To Try?

At the time of this writing I'm going to say 32–35 weeks. Babies seem mature enough to do the fancy moves while still being small enough to slip past the average muscle or ligament tensions. Once the twist (which you may or may not have!) is released, baby can slip into place. Any time after 30 weeks is possible.

Open your appointment app and schedule your ideal day to make room for baby. You might pick the second day of your weekend so you can have a more relaxing day the day before or have a warm bath the night before. Pick a day free from other obligations.

How Much Is Too Much?

Do as much as you feel satisfied to know you did “everything” for turning your baby. We want you to feel absolutely sure that going upside down is the right thing for you. You can start slow and adjust your speed and position for confidence. Don't do something you have a gut feeling against. Do as much as is compassionate to yourself. This is a “no-bully” approach.

Find the level of effort between joyful adventure and disciplined routine. Don't do so much that you feel bullied or betrayed. You may do everything right and the baby may not turn, but at least you didn't do nothing and wonder if the baby would have turned if you had.

A year from now, when you look back, I hope you felt confident you did everything you feel proud of to bring opportunities to help your baby turn head down safely.

Keep your self-talk positive. You live in gravity and sudden stops do happen. This isn't your fault—you didn't intend to be in this situation. Talk compassionately to your baby as well as yourself to find that right amount of effort to feel you nurtured your pregnancy options.

Next, we're going to show you the techniques we prioritize to help a transverse baby turn. Of these, the Forward-leaning Inversion (FLI) is the best. Developed by Carol Phillips, DC, the FLI is remarkable for releasing the uterus from a twist or tension that holds a baby sideways. There are other benefits from the FLI, so you will be encouraged to continue to do one a day starting three days after your transverse baby is head down. You can keep balance in your body.

Choose when to do the big playdate with baby. Keep your full day open with little else to do. Ask a helper if they can be with you that day, either all day or to come and do the techniques with you two or three times.

Does it matter when? You may start at 30 weeks, or wait until 32 or 34 weeks. When to start is really up to you. Since everyone's body is a bit different in their life experience. Some babies only first turn to transverse at 40 weeks! I would say sooner is better. Start when you know baby is still sideways after 30 weeks. Most babies can turn even in the last month of pregnancy.

Most transverse babies move head down after 1 or 2 days of this program. For any babies who can't turn, we recommend the professional bodywork, the list at the end.

The Big Turning Day

This is your day. You are ready for the festival of inversions. You arranged a sensible helper, perhaps your birth partner, partner, friend, or doula, to help you this day. You have your food stocked, you've pumped up your birth ball, and you have a little stool to help you get up and down from the couch or bed.

You'll be working all day on body balancing and trusting your baby to turn once the room has been created in your body. Baby is likely to turn the next day. Don't be surprised if "nothing happens" before you go to bed tonight.

Using the Spinning Babies® Stretch and Jiggle

The order of the techniques is helpful but not mandatory for baby to be able to turn.

1. [Jiggle](#), to encourage deep relaxation of the smooth muscles and mind
2. [Forward-leaning Inversion](#), to give room in the lower uterine segment
3. [Side-lying Release](#), to give room in the pelvis and soften or balance the pelvic floor

To Do a Breech Tilt or Not?

Should you do the forth technique? We added it, like we said, because some of you are being told to do it.

Next is a simple schedule to help you plan your day and get your techniques in time with eating meals and snacks. I'll give you the basics in the text and then chart it out for you with little boxes following the description of a day. Use which one feels easy.

An Easy Schedule

When you first wake up, go to the toilet and then begin your day.

Your first drink is a large mug of very warm water. Don't flavor it. This will stimulate your bowels and make the day go easier! Don't make the water so hot you have to sip it, yet not so cool you can gulp it. Drink warm water to soften the contents of your intestines. If your tap water doesn't taste good, try this: Pour it the night before. Do you have a real quartz crystal as large as a small egg? Wash it and put it in your water overnight. The flavor becomes better. Avoid cold water in pregnancy (and any time) to reduce muscle tension, constipation, and to help, even though it is in a minor way, your entire abdomen better support you with digestive function.

Meanwhile, within an hour of waking, prepare your breakfast. If you are able, do a Forward-leaning Inversion before breakfast.

Digest for an hour after eating before doing the first set of the three body balancing techniques. Give yourself 45 minutes to do them all. You'll do:

- Jiggle —gently
- Another Forward-leaning Inversion
- Side-lying Release on both sides. These need a sensible, strong partner to help you.

Give yourself one or even two hours after eating, if you need it, before doing another FLI. Set a timer for 15-minute intervals except for this period after meals.

An hour after dinner, do the three techniques to help you sleep well.

I wrote eight FLI in this chart, figuring you'd skip one here or there, but doing all eight is fine. Some will do 14! Follow your gut and follow your nature. Speaking of gut, if you are getting heartburn, drink water after FLI, not before, and eat small meals today, avoiding grease and tomatoes.

When the Playdate is Over

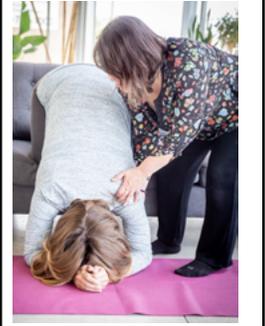
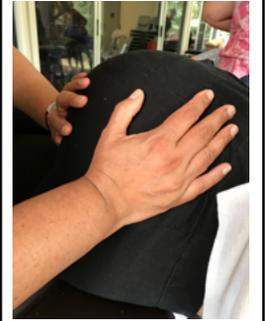
When you are done for the day, rest. Use Rest Smart® positions to avoid twisting your pelvis while sleeping. A few of you will find that your baby is head down already. Most of you will feel kicks higher the next day, after a sleep. And, it's true, a few of you won't experience a change.

The Big Turning Day Easy Sheet

Technique	Optional Prep Day	Play Day	
<p>1. Jiggle</p>	<p>Do 1-2 times for 5 minutes or longer if your helper can</p>	<p>Do 3 times today for 5 minutes or more each time. Keep it loving and fun. Do the Tummy hug 3x if you are solo.</p>	
<p>2. <u>Forward-leaning Inversion</u></p>	<p>Do 1-3 times for 30-45 seconds. Finish by kneeling</p>	<p>Do 7-14 times for 30-45 seconds. Finish by kneeling.</p>	
<p>3. <u>Side-lying Release</u></p>	<p>Do 1 time for 3-5 minutes on each side</p>	<p>Do 2-3 times today for 10-20 minutes on each side</p>	
<p><u>Rest Smart</u></p>	<p>Rest Smart Move SmartSM helps you keep the balance you create during your activities. Sitting up won't help your baby turn but will help your muscles and pelvis stay aligned better than poor posture.</p>		

The Big Turning Day Schedule

Time	<u>Jiggle</u>	<u>Forward-leaning Inversion</u>	<u>Side-lying Release</u>	<u>Breech Tilt</u> Optional, just if	
Wake up		30–45 seconds and come up to a high kneeling position for a breath.			
Prepare breakfast	Drink a big mug of plain, hot water				
Breakfast		30–45 seconds and come up to a high kneeling position for a breath.			
Wait 1 hour, then	Eat 25 grams of protein. Yogurt and seeds, avocado, egg, turkey, hot millet, and grain are ideas.				
	5 mins. Jiggle the legs or hips once this morning, and jiggle another time later		Do 1 for 10–20 minutes on each side.		

2 hours after eating		30–45 seconds and then back up to a high kneeling position.		If you choose it, do a breech tilt right after a Forward-leaning Inversion for 10 minutes or longer.	
Snack	If you want milk in your diet, you can absorb it better if taken as a solitary item and wait an hour before other food, to help digestion. Almonds and an apple, perhaps with a slice of cheese, is another nice snack option.				
45 minutes or 1 hour after snack		30–45 seconds, then a protein snack.			
Lunch	25 grams of protein. But avoid peanut butter today as it digests too slowly. A garden salad, carrot, cauliflower, cabbage, grated raw beets, or other “live” veggie.				
Wait 1 hour	5 mins. of jiggling.	30–45 seconds and then up to a high kneeling position. Repeat each 15 minutes.	Do 1 for 10–20 minutes on each side.		
2.5 hours after lunch, before eating		30–45 seconds and come up to a high kneeling position for a breath.		Optional: Do for 10 minutes when baby is awake right after FLI.	

Snack	15 grams of protein, one fruit (skip the juice or soda)				
1 hour after snack		30–45 seconds and then back up to a high kneeling position.			
While dinner simmers			Do 1 for 10–20 minutes on each side.		
Dinner	25 grams of protein; a little salt is ok. Yellow vegetable or sweet potato or squash, green leafy vegetable. Need a treat? A little square of dark chocolate if it won't keep you awake. Berries.				
2 hours after dinner	10 mins. or longer before bed, can be done after the other techniques so sleep comes easy	30–45 seconds and then up to a high kneeling position.		Optional: Do a breech tilt for 10 minutes or longer when baby is awake, any time before bed but after FLI.	
Before bedtime & bedtime snacks		30–45 seconds and come up to a high kneeling position.	Do an SLR now if you hadn't done 3 yet today.	 	
Rest Smart	Rest Smart/Move Smart SM throughout the day to keep the balance you create.				

How Do I Help My Baby Stay Head Down?

You've done it! You made the room, and now baby is head down. What a relief.

If this program worked then you've proven your baby was sideways because something tightened or twisted your uterus. Without the twist, baby went head down.

Here's your new daily routine:

- For 2–3 days after baby turns, stop inversions and add an hour walk
- Continue to do the Jiggle every day.
- After 3 days, begin doing one 1 Forward-leaning Inversion again each day. Continue with daily activities to maintain your body balance. This is an important technique to continue doing!
- Twice a week, do the Side-lying Release. Do all of these when labor begins.
- Rest SmartSM by sitting on your sitz bones or on a firm birthing (exercise) ball and lying with a pillow under your top knee and upper ankle when you rest on your side. Your lower leg can be straight or bent as you like.

A person with a significant history of injuries or doing sports that use a twist of the torso (softball, golf, disc golf, and so on) or who expects to give birth within the week might choose to do the balancing activities more than twice a week. It's OK for you to do them more as long as it's ok to do them at all. (See our website for more specific no-nos to each technique on their individual pages.) Spend some time doing other activities on our website on a few of the other days during the week, or use that time for bodywork from a professional.

Avoid long car rides or other activities that may let your pelvis slip back into an old twist. If something happens to let baby go sideways again, it's OK to start the program up again.

When the Belly is Loose

When the lower abdomen hangs over the pubic bone, as with a pendulous uterus, add a pregnancy belt to create an improved slope to the lower uterine segment. A pregnancy belt holds the uterus upright so the baby can get into an upright position. For the mom with loose ligaments, I would suggest wearing a pregnancy belt from the fifth month through to labor, and for very loose moms with a pendulous womb, wearing the belt through pushing the baby out is safest. People with tight ligaments can wear a pregnancy belt too for the support. It is actually quite relaxing.

What If All This Doesn't Work?

Questions to ask yourself if you are scheduling a cesarean because of baby's position:

Whose convenience is the most important thing to schedule my baby's birth around?

It may be your health, the doctor's convenience, or the baby's development, which has the highest need. Babies' brains show beneficial growth in the womb to 41 weeks. If baby is not growing in the womb, or is sick, then an early cesarean makes sense. If everyone is healthy, 39 weeks may be too early. If you want to discuss a cesarean at 40 or 41 weeks, create a good plan to come into the hospital at the first sign of labor. Of course, you'll need a hospital that is always staffed for a cesarean. If you are in a rural area, this may not be an option.

How can I advocate for my baby if I ask to wait until 41 weeks' gestation?

You'll be taking additional responsibility for your birth. How does that feel to you? You're also likely giving additional benefits to your baby, as long as you and your baby are healthy. Visit EvidenceBasedBirth.com or ChildbirthConnection.org and discuss with your doctor. Waiting for spontaneous labor has benefits as well as risks. You can learn about both to make an informed decision.

It's not wrong to schedule a [cesarean](#) for a transverse lie at any appropriate time. For some that can be 41 weeks. Some women would face serious hardship or risk waiting for labor. But most women and babies do receive benefits when letting labor begin on its own and then going right in and having the cesarean. This does carry a risk of a prolapsed cord. But there are benefits of improved breathing and the release of brain chemicals for handling stress for life outside the womb. It's not an easy decision. Whatever you decide, make the plan with your birth team so everyone can be their best for you.

Sometimes transverse babies turn breech. In this case, see [our webpage on helping turn a breech](#) or our new ebook, *Helping Your Breech Baby Turn*. The techniques are the same, but how to use them are slightly different. We also have webpages on [Sideways/Transverse](#) and [Oblique](#).

Can Baby Turn In Labor?

Yes, sometimes! Body-balancing activities can be part of a labor practice for comfort and easing the labor that follows. Many Spinning Babies® enthusiasts find that body balancing takes the edge off the peak of contractions and the fear out of the body. These techniques lend significant comfort. These are more effective than the usual massage measures for most birthing people.

Invite your nurse, midwife, or doctor to assist you with [any of the techniques](#) you may like help with. Bring up the page with the technique on your device to show them. Many providers know Spinning Babies® a little, but yours might be introduced to Spinning Babies® for the first time by you. Their open curiosity is a good invitation for them to try a new technique.

Elizabeth Frees shared this observation at a birth in which she was a doula. I fixed a couple sentences so you could understand the shop talk.

“I was with a repeat client who did HypnoBirthing [childbirth preparation] for the first two births. Both were pretty straightforward and quick. This time she was 41 weeks pregnant [one week past her estimated due date but right on time for many healthy pregnant people] and having no contractions or signs of readiness. Baby was head down at [the time of the] last sono[gram or ultrasound] and [she] wanted induction [of labor].

“Arriving at the hospital, [only] to discover the baby is now transverse!

“At this point, a cesarean surgery is suggested [and necessary] but the doctor was not available for a few hours. The nurse had taken a Spinning Babies® Workshop with Gail Tully. The nurse and I did two rounds of Rebozo sifting [I’m recommending the jiggle in this book], Side-lying Release, and Forward-leaning Inversion on the hospital bed, [then] some resting on her side with a peanut ball. By the time the doctor arrived, Baby had moved to Left Occiput Anterior [head down] and [she] went on to have a vaginal birth that evening! Spinning Babies® rocks!”

Epidural and Body Balancing in Labor

Are you unsure if you want an epidural for a labor with your head-down baby? Going through this series of [body-balancing exercises](#) before requesting an epidural may delay your sense of needing one. Some people choose an epidural because they are afraid labor will become hard to cope with. It may seem orderly to get an epidural before labor gets very painful. Others are curious if they can “do it.” Doing these activities may raise that “can do” ability, if you like, or help you while you wait.

Whether you are sure you want the spinal anesthetic or you want it available just in case, you can do one or two sets of the body-balancing activities. With them, you have a good chance of avoiding the occasional stalled labor that either happens because of an epidural or leads to choosing an epidural from frustration. You may yet be able to avoid additional drugs that strengthen the labor to overcome the weakening sometimes caused by the epidural. You may find your uterus will be more in line with your pelvis.

[Body balancing](#) is one of the ways to reduce pain. It's strategic to do the techniques while labor is early and then do another set as soon as friendly thoughts about the epidural arise. This is because you'll cope better by doing these sooner than later. Benefits may be to reduce your chance of having a cesarean due to unexpected side effects of the epidural. Body balancing done with an epidural in place are helpful, too.

Helping Baby Through the Pelvis

Another way of reducing pain is to match a birth position to help baby rotate into and through the pelvis. [The joints in the pelvis](#) mean you can make one part of the pelvis bigger by getting into a position that flexes the pelvis in the right direction. Use your legs and back muscles to move your pelvis.

The contraction tries to turn the baby. So when baby is high, let the contraction engage baby by opening the top of the pelvis with an [Abdominal Lift and Tuck](#). It works during contractions before the epidural so you can be standing up. [Helping a baby engage](#) may help to avoid a long labor in general. Do Abdominal Lifts during a contraction and rest between. Do ten in a row to feel the difference.

When baby is low in the pelvis, contractions will continue to move baby. A side lunge (not the forward lunge in our daily activities) can make room for baby to turn in the pelvic floor. Lying on your side with a peanut ball between your ankles and letting your knees touch makes room once baby is really low. Having your knees together

may confuse your nurse and midwife but will actually open your hips and the bottom of your pelvis wider. Baby slips down easier. You won't have to push as hard!

Learn all the techniques in this e-book with a [Spinning Babies® Certified Parent Educator](#).

We hope you have a wonderful birth. And keep open to possibilities! We have many more ways to use Spinning Babies® at <https://spinningbabies.com/start/in-labor/>.

How Much Effort Is Too Much?

Only you can decide how much time and energy to put into helping your baby turn head down. What's important is knowing that you gave yourself and your baby the opportunity to turn head down safely.

Look ahead one year from now. Imagine yourself looking back at this time in your life. Whether your baby can turn or not, whether you have a vaginal birth or a cesarean, please do the things now that will help you feel satisfied with what you do today.

Conclusion

As we go forward in life, we carry in our own bodies the keys for our future.

Within your body is the physiology of fetal positioning. And within your body is the physiology of self-compassion. This e-book offers a plan of action to be done with compassion. Activating your physiology with a good plan gives you and your baby an excellent chance for a birth with a head-down baby.

There is more support for you online for you at SpinningBabies.com.

We believe you and your baby are together in this adventure of life. One thing is certain: by the end of this program, you will have learned more about yourself that you can apply to life and parenting.

The most important thing is love.

Gail Tully, Certified Professional Midwife,
welcomes you to SpinningBabies.com
We seek to be a relevant resource to reduce
suffering in childbirth and enhance the
physiology and joy of childbirth.

Find free resources, downloads, products, a
Pregnancy-Week-by-Week email and blog at
SpinningBabies.com



