

Prenatal Exercise

To the Editor:

I am interested in Penny Simkin's squatting exercise (BFJ 8:3, 1981). Several of the mothers in my classes have shown an interest in trying to squat during their labors and I am not aware of a specific exercise for this position other than the "pliés" that I learned in ballet. Your sharing this information with me would therefore be very helpful.

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Reply:

First of all, it is very unlikely that women will squat during second stage if they haven't been prepared for it. They need to know how important it is and to *know* they can do it.

Teaching Squatting

I introduce the exercise with other conditioning exercises during the Early Pregnancy class, or in the first of the prenatal classes. I place squatting as second in importance only to the perineal squeeze (Kegel).

The exercise itself is as follows: Place feet comfortably apart (about 1½ to 2 feet apart). Slowly, without bouncing, keeping the heels on the floor, squat. Stay down for 15 to 20 seconds, then rise slowly. Repeat 4 times.

During second stage, the couple should understand that the woman squats during the contraction, then rocks forward to all fours or back onto a stool between contractions. She does not need to squat between contractions. There are also other positions for pushing (see chart).

Positions for Pushing



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Troubleshooting

If she has trouble maintaining her balance, her partner can help, she can lean against a wall or hold onto something for support. If she cannot keep her heels

flat, she should spread her feet further apart. With practice and time, these problems will disappear.

Contraindications

Problems with the knee joint causing pain or stiffness; pain (if the exercise hurts, don't do it). Knee cracking is *not* a contraindication.

Importance of the Exercise

It is possible that squatting during pregnancy helps increase the mobility of the sacro-iliac joints. Squatting in late pregnancy increases both the intertuberous and antero-posterior diameters of the pelvic outlet, thus enhancing rotation and descent.

Squatting During Birth

Besides knowing how to squat, and knowing that it may be very important to them during second stage, our students also have to prepare the hospital staff that they want the option of squatting, especially if they are progressing slowly. Prior discussion with the doctor or midwife, and inclusion of that option in their Birth Plan should help.

Our couples need to know that women in second stage often need to be encouraged to try squatting. It often is uncomfortable getting into the position, so even if well-practiced, she may need to be coaxed. Knowing this may happen will help at the time. It is easier for her to get out of bed and squat on the floor, but if the staff objects, she can squat on the bed.

One last word: squatting for the actual delivery of the baby's head and body may raise objections from the birth attendant, who may find it difficult or impossible to see what is happening and to assist. Actually, once the baby is crowning, the woman could get into whatever position she and her birth attendant favor.

I hope this answers your questions. Please realize that squatting is only one of many possible positions for a woman to use during second stage. All positions have advantages and disadvantages. Your students should understand this, so they will know they can do a great deal to assist with the delivery of their babies.

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To the Editor:

We include an exercise program in our early classes and as a regular part of our Lamaze series. Movement routines taught in this context will reassure couples as to the safety and importance of exercise, and will hopefully motivate couples to continue or begin a fitness program.

Unfortunately, I don't think that our present teacher training courses include enough information or instruction on how to teach pregnancy exercises correctly. Just as we must understand the anatomy and physiology of pregnancy and childbirth to discuss pregnancy, labor and delivery and the postpartum period, teachers should