



Baby Lift—Prior to Labor

an online resource
created to accompany

Pre- and Perinatal Massage Therapy:

*A Comprehensive Guide to Prenatal, Labor
and Postpartum Practice*
(Third Edition)

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this resource links to:

Chapter 4, page 118





Baby Lift (prior to labor)

(See photos at the end of this document)

Intention

To provide maternal relief from the weighty uterus; to increase femoral circulation and reduce edema and varicose veins in legs and vulva; to reduce strain to the abdominal and spinal muscles; to reduce referred pain from the uterine ligaments; to reduce compression on various pelvic nerves; to create more empathy and connection with the mother when performed by partners and/or family members as they temporarily “share the load.”

Procedure

Performed with client fully clothed while standing or seated.

1. Explain the procedure and get her permission to stand against her posterior body so that you will be able to reach her belly. For clarity, demonstrate on yourself where you will be touching her.
2. Stand behind her. Place your hands on each side at her iliac crests. Bend your knees as you slide your hands from her iliac crests following the contour of her abdomen. Reach around her torso sliding anteriorly, inferiorly and medially to just superior to her pubic bone. If you cannot reach that far, that’s okay. However far you reach, use your soft, relaxed arms and hands to gently encircle her lower abdomen.
3. While cradling her belly, slowly straighten your knees to gently lift her abdomen several inches upward.



4. Check in with her to confirm that she is comfortable with your lift and feels upward not inward pressure and no pointed pressure; adjust if necessary. If she is comfortable, hold this position for 30 seconds to several minutes.
5. Keeping your arms and hands in place, gradually bend your knees again, and allow the weight of the abdomen to return slowly and completely to her.

Hints

- Alternate procedure (performed in sidelying position)
 1. Explain the procedure and the necessary draping and get her permission to initiate it.
 2. If possible, remove any supports under her abdomen.
 3. Drape her breasts securely so that you can lower the covering sheet down to her pubic bone.
 4. Stand behind the table and at the level of the client's lower back.
 5. Lean over the client and allow your arms to slide with one hand superior of her uterus and the other inferior of it around pubic bone level around her enlarged abdomen.
 6. Press the back of your hands deeply into the table to reach between her abdomen and the table.
 7. Keep your arms and hands soft and flat to avoid pulling on or digging into her abdomen, and then shift your body back toward you to gently lift the uterine weight up from the table and slightly toward you.
 8. Check in with her to confirm that she is comfortable with your lift and feels primarily upward not inward pressure. If she is



comfortable, hold this position for 30 seconds to several minutes.

9. Keeping your arms and hands in place, slowly return the abdomen to its resting position on the table. Replace the abdominal pillow if you are continuing with other techniques.
- Both versions of the baby lift are especially helpful to teach to a client's partner. Partners may carefully perform the baby lift daily until lightening.
 - When clients find this relieves some discomforts, suggest that she consult with her care provider about the use of a support belt or garment of some type (see self-care for mothers document with Chapter 4 online resources for where to find these popular supports).

Precautions

- Be sure that your hands remain flat and soft during the lift to avoid pointed pressure from your fingers or wrists into her abdomen.
- Do not perform this lift while client is standing or seated once the baby has engaged in the pelvis or "lightened." This usually occurs in the last two to four weeks of the pregnancy. (See Chapter 5 online resources for exceptions and indicated situations for this technique during labor).
- Do not perform this lift if there are any concerns about uterine or cervical competency, any uterine abnormalities, placental dysfunctions, increased risk of miscarriage or preterm labor, or leaking of amniotic fluids.

