



Backache in Labor

Adapted from Penny Simkin, PT

This handout offers tips to women and their partners about reducing the pain from intense backache during labor contractions.

One woman in four feels intense backache during labor contractions. Such “back labor” is probably due to the position of the baby. This means that the baby is head-down, but facing forward in your body, with the back of its head (called the *occiput*) pressing against the sacrum of your pelvis. This position is called *occiput posterior* (OP).

Most times, relaxation and breathing are not enough to cope with such pain. Here are some tips for other ways to deal with backache during labor, which can be used alone or in combination.

Encourage the Baby to Turn

Find out the position of the baby. Although it is not always possible, you may be able to tell by noting where you feel the most movements – kicking and punching. Because the baby’s hand and foot movements are probably opposite where his or her back is, feeling those movements in the front of your abdomen may help you figure out the baby’s position. Your nurse, midwife or doctor can also usually tell by touching your abdomen, or by feeling the baby’s head during a vaginal exam.

Once you know the baby’s position, use body positions, pelvic rocking, abdominal stroking, “slow dancing,” walking, and the “lunge” to help the baby turn.

- **Positions** – Lie on the side toward which your baby’s back is pointing. If the baby is Left OP, lie on your left side; if the baby is Right OP, lie on your right side; if Direct OP, try either side and feel for some rotation of the baby’s back toward that side.

Also spend time on your hands and knees, or kneeling and leaning forward with your upper body on a chair or a birthing ball (a large therapy ball). Some labor beds can be arranged to support you in this position. These positions allow gravity to assist the baby’s rotation. You should probably use each of these positions for 20 to 30 minutes at a time, and then try another position.

Standing and walking use gravity to encourage descent of the baby. Also, the alignment of the baby with the pelvis is thought to be most favorable in the upright position. Walking allows some movement within the pelvic joints, which may also encourage rotation of the baby.

“Slow dancing” (standing and swaying side to side while being embraced by your partner) is an alternative to walking.

- **Pelvic Rocking** – While on your hands and knees, rock your pelvis forward and back, or in a circle. This helps dislodge the baby within your pelvis, encouraging rotation.
- **Abdominal Stroking** – While you are on your hands and knees, your partner can reach beneath your abdomen and firmly stroke repeatedly across your abdomen in the direction the baby should rotate (from the side of your body where the baby’s back is to the other side). The stroking should feel good. It is usually better to do it between, not during contractions. Don’t do it if it is uncomfortable or if you do not know the baby’s position.
- **The Lunge** – Standing and facing forward, place a chair beside you. Place one foot on the chair seat, with your knee and foot pointing to the side while you remain facing forward. Remaining upright, slowly “lunge,” or lean sideways, toward the chair, so that you bend the knee of the leg on the chair. You should feel a stretch on the insides of both thighs. Stay in the lunge for a slow count of 5, and then return to standing upright. Repeat during or between contractions. If you know the baby’s position, lunge toward the side where his or her back is. If you do not know the baby’s position, try lunging in each direction and stick with the direction that is most comfortable.

Comfort Measures for Your Partner to Use

Here are suggestions for your partner to follow, that you can combine with the above measures for turning the baby, to help reduce back pain.

- **Massage of the Low Back and Buttocks** – Use lotion or cornstarch oil and firm, smooth stroking or kneading. She will tell you how she wants you to do it.
- **Counterpressure** – Holding the front of her hip with one hand (to help her maintain balance), press steadily and firmly (with your fist or the heel of your hand) in one spot in the low back and buttocks area. She will help you know what spot to press. It varies from woman to woman and within the same labor. Try pressing in several places and she will tell you when you have found the right spot.

Questions?

Call 206-598-4003

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff is also available to help at any time.

You usually have to press very hard during every contraction. This is very helpful in coping with back pain. Between contractions, you can massage the area or use cold or hot compresses, described below.

- **The Double Hip Squeeze** – The mother kneels and leans forward (or on hands and knees). From behind, press on both sides of her buttocks with the palms of your hands. Apply pressure toward the center (pressing her hips together). Do this during contractions. Apply as much pressure as she needs.
- **Cold or Hot Compresses** – Place an ice pack, hot water bottle, cold or hot wet towel, frozen folded wet washcloth, or silica gel pack on the lower back between contractions to relieve back pain. Cold usually is more effective. *Before applying a cold pack*, be sure she is warm. If her hands, feet or nose are cold, wrap her in a warm blanket and have her put socks on before applying the cold or hot pack, so that she feel a gradual increase in cold or warmth.
- **Shower or Bath** – Direct the shower against her low back. It helps immensely. Both baths and showers are very relaxing and may help a great deal with back pain.
- **Rolling Pressure Over the Low Back** – A rolling pin (or better yet, a hollow rolling pin filled with ice), can of frozen juice or cold soda pop (keep a 6-pack in a bowl of ice, so you'll always have a cold can) rolled over her low back is soothing during or between contractions. Since such tools are not often found in the hospital, you might want to bring them in, especially if she is having back labor at home.
- **Electric Vibrators or Massagers** – Hold the massage unit against her lower back. Some hospitals have them or buy one at a store that carries small appliances.

If you have back labor, your efforts will have two purposes: to get the baby to turn, and to relieve back pain. These measures will help, as will the fact that uterine contractions usually encourage the baby to rotate. Once the baby has rotated to the occiput anterior position, the back pain usually eases. This can take place any time during labor, sometimes quite early, sometimes very late.

Sometimes, with a persistent OP, the doctor assists with forceps. A very few babies do not rotate and are born facing forward (“sunny-side up”).

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