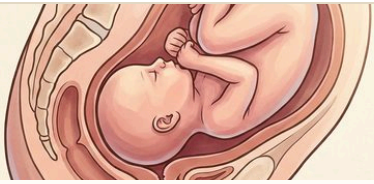
Cardinal Movements of Labor

QUICK REFERENCE CHEAT SHEET

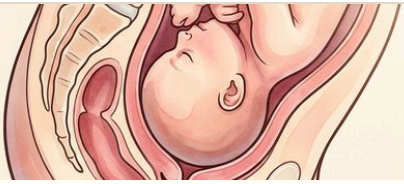
The 7 steps your baby takes through your pelvis during birth — and the positions that help at each stage.



1 Engagement

Your baby's head drops into the pelvis. First-time moms often feel this weeks before labor; experienced moms, once labor begins.

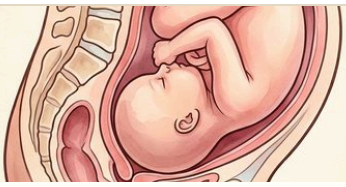
POSITIONS TO TRY: Walking, birth ball, pelvic tilts



2 Descent

Your baby moves deeper into the pelvis toward the narrowest point. Contractions and fluid pressure help push them down.

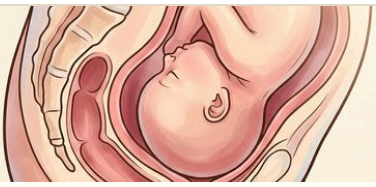
POSITIONS TO TRY: Upright & moving, slow dance, stairs



3 Flexion

Chin tucks firmly to chest, bringing the smallest part of your baby's head to the birth canal. A well-tucked chin means an easier delivery.

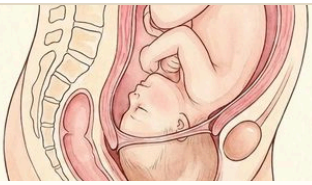
POSITIONS TO TRY: Hands & knees, forward leaning over ball



4 Internal Rotation

Your baby's head rotates so the back of the head (occiput) turns under the pubic bone. No rotation? That's often back labor.

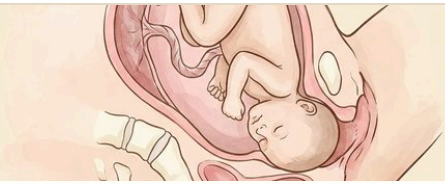
POSITIONS TO TRY: Lunges, hip squeezes, hands & knees



5 Extension (Crowning)

Your baby's head tilts back through the outlet. The face sweeps over the perineum — the "ring of fire" moment.

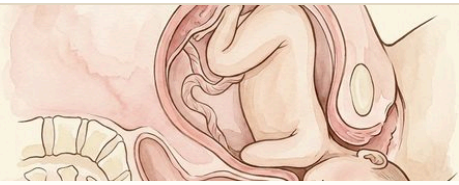
POSITIONS TO TRY: Supported squat, side-lying with peanut ball



6 Restitution

Your baby's head turns back about 45 degrees to line up with the shoulders. Shoulders rotate inside the pelvis, getting ready to deliver.

POSITIONS TO TRY: Hands & knees, side-lying



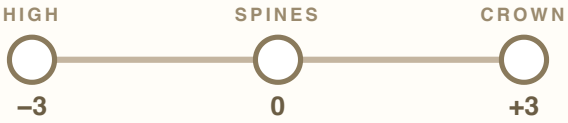
7 Expulsion

The first shoulder slips under the pubic bone, then the second sweeps the perineum. Your baby is here!

POSITIONS TO TRY: Squatting, supported by partner or bar

★ Station of Baby

Your provider tracks your baby's descent from –3 (high) to +3 (crowning).



Ask your provider: "What station is the baby at?"

Quick Reference

DOULA TIPS · KEY TERMS · WHEN TO CALL

DOULA TIPS — WHEN LABOR STALLS

- Switch positions before assuming something is wrong — gravity & asymmetry are your best tools
- Reclining → upright; symmetrical → asymmetrical; still → moving
- Back labor? Hands & knees, hip squeezes, pelvic tilts to encourage rotation
- Ask: "What station?" and "What position is the head in?" — know where your baby is
- Many "failure to progress" labels are really failure to optimize position

KEY TERMS TO KNOW

- **Station** — where baby's head sits relative to the ischial spines (–3 to +3)
- **Occiput** — the back of baby's head; its position drives rotation
- **Posterior** — baby faces your belly; often causes back labor
- **Anterior** — baby faces your spine; the ideal delivery position
- **Flexion** — chin tucked to chest; smallest head diameter presents
- **Crowning** — head visible at the opening; the "ring of fire" moment

WHEN TO CALL YOUR DOULA

- **Early** — contractions 5+ min apart, manageable, at home
- **Active** — 3–4 min apart, stronger, needing focus
- **Transition** — 1–2 min apart, intense, shaking or nausea
- **Pushing** — urge to push or provider confirms complete dilation
- **Always** — if your water breaks, bleeding, or decreased movement

ASK YOUR PROVIDER

"What station is the baby at?" · "What position is the head in?" · "Is baby well-flexed?" · "Can we try a position change first?"