



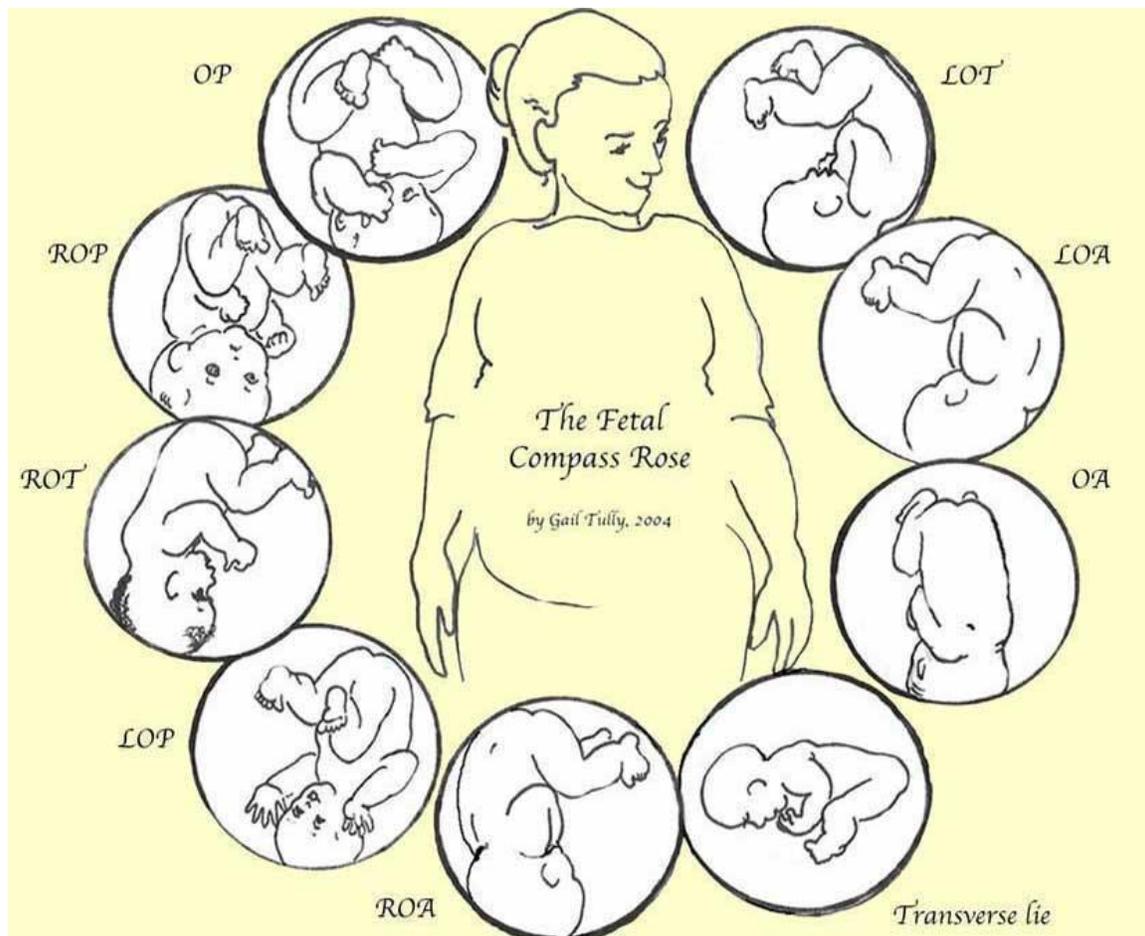
## The Miles Circuit

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This circuit is useful to help get the baby lined up correctly, in the ***Left Occiput Anterior (LOA)*** position, both before labor begins and when some corrections need to be done during labor. I named this circuit after my friend, Megan Miles, a doula and student midwife, who first shared it with me, as I brainstormed ideas to help a client have a successful VBAC. It has worked so many times both pre-labor and during labor that I now teach it in doula trainings, childbirth classes and share with my clients!

Prenatally, this position set can help to rotate a baby. As a natural method of “induction”, this can help get things going if baby just needed a gentle nudge of position to set things off. In labor, I often suggest this set of positions when labor seems to not be progressing, (i.e., contractions are not getting longer, stronger, and closer together) the pregnant person has back labor, or the position is determined to be not LOA, either by vaginal exam or external palpation or ultrasound. To the best of my knowledge, this group of positions will not “hurt” a baby that is already lined up correctly.

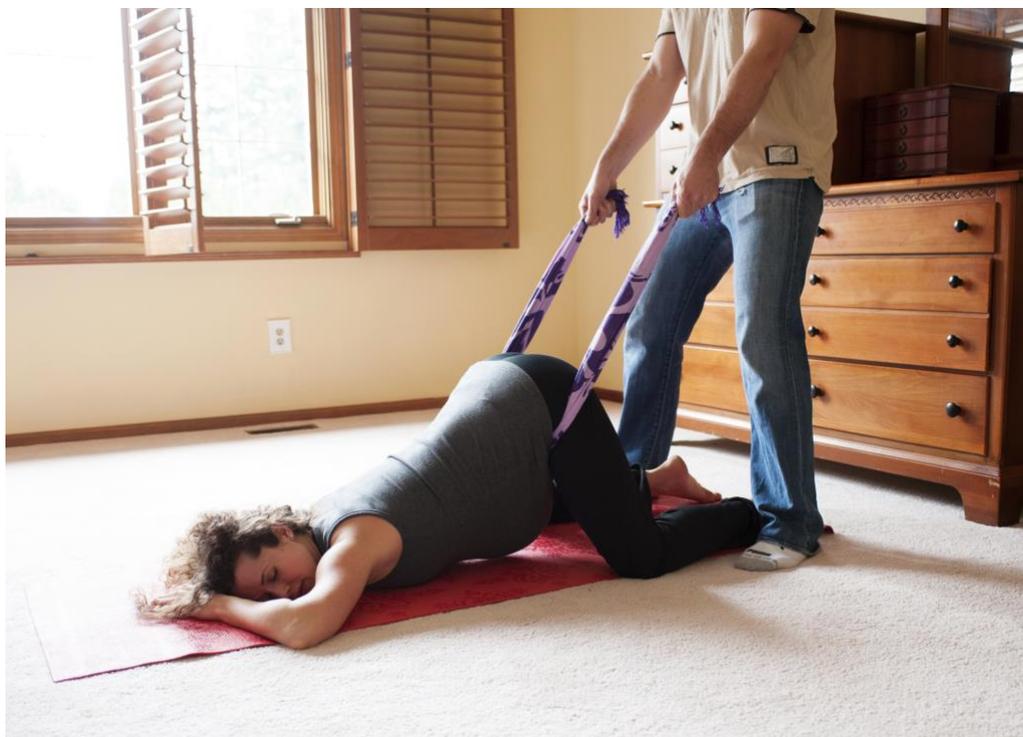


This wonderful set of drawings, The Fetal Compass Rose, by Gail Tully, Spinning Babies can help you to understand the different positions.

The entire circuit should take 90 minutes from start to finish, and if contractions are present, the circuit is done right through the contractions. Before starting, the pregnant parent should empty their bladder and have a nice drink in a sports bottle nearby for hydration.

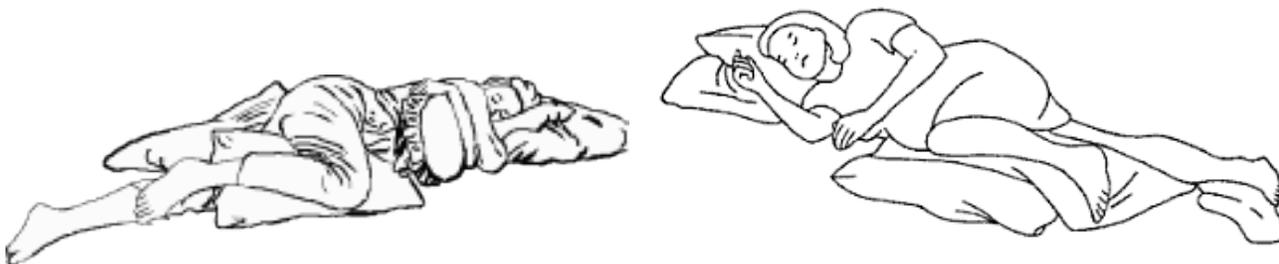
### **Step 1: Open Knee Chest Position**

30 minutes in open knee chest- start in cat/cow, then drop your chest as low as you can to the bed or floor and your bottom as high as you can. Knees should be fairly wide apart, and the angle between the torso/thighs should be wider than 90 degrees. Wiggle around, prop with lots of pillows, and use the time to get totally relaxed. This position allows the baby to scoot out of the pelvis a bit and gives them room to rotate, shift head position, etc. If the laboring person finds it helpful, careful positioning with a [rebozo](#) under their belly, with gentle tension from a support person behind can help them to maintain this position for the full 30 minutes. I think this is key to being able to maintain this position.



### **Step 2: Lateral Recumbent Position**

Roll to one side (whatever feels better), bringing the top leg as high as possible and the bottom leg straight. Roll forward as much as possible, again using lots of pillows. Your bottom shoulder should be behind your top shoulder. Sink into the bed and relax some more. If you fall asleep, great, but if not, stay here for at least another half an hour. Try and get your leg up towards your head and get as rolled over onto your belly as possible. A peanut ball helps!

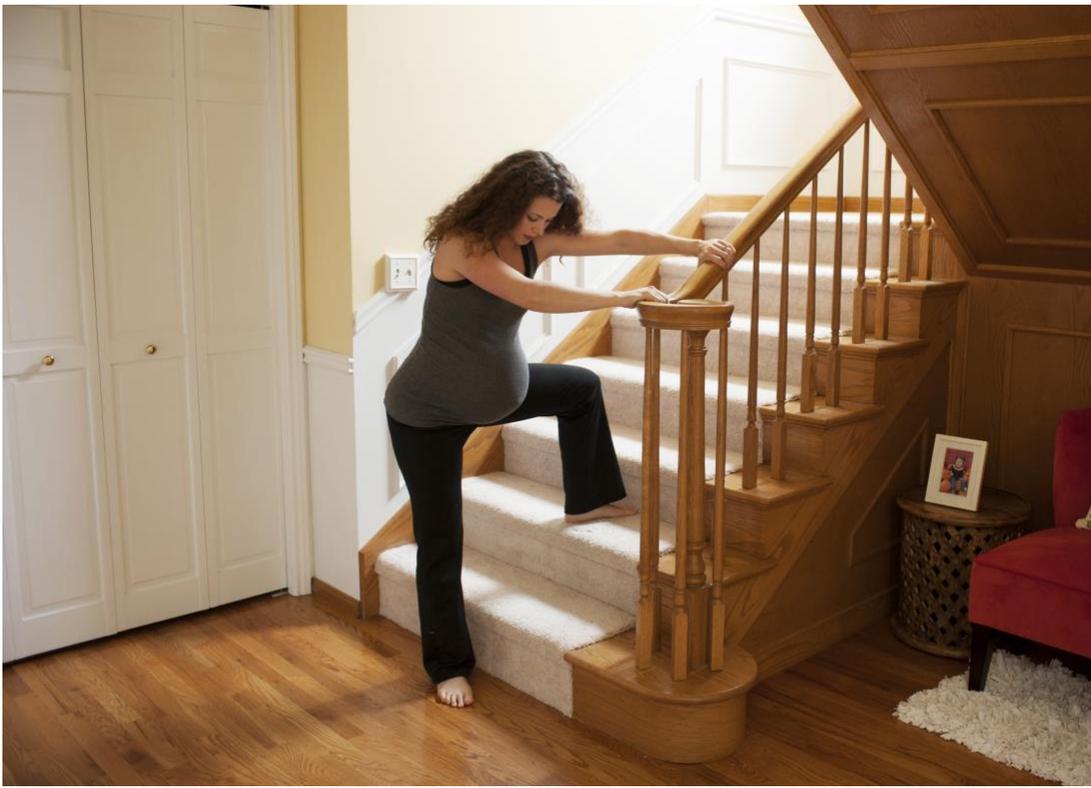




### **SEP Step 3: Get up and active**

Lunge, walk stairs facing sideways, 2 at a time, (have a spotter stand downstairs of you!), take a walk outside with one foot on the curb and one on the street, sit on a birth ball and hula- anything that's upright and putting your pelvis in open, asymmetrical positions. Spend at least a 30 minutes doing this one as well to give your baby a chance to move down. If you are lunging or stair or curb walking, you should lunge/walk/go up/down stairs in the direction that feels better to you.





The key with the lunge is that the toe of the higher leg and the pregnant person's belly button should be at right angles. Do not lunge with your belly facing your knee, that closes the pelvis. Keep your knee parallel to your hip, during these movement, no higher!

Please contact me, [sharon@sharonmuza.com](mailto:sharon@sharonmuza.com) if you have any questions.