



International Childbirth Education Association

The Body as a Teaching Tool – ICEA Teaching Idea Sheet #6

What do you need to teach a childbirth class? Many would say videos, posters, etc., but the best teaching tool - the one available to every childbirth educator, no matter what her resources - is her own body. It is the ultimate teaching tool.

Before beginning to use your body effectively, you must be comfortable with it and see it as the class will view it. Your appearance and clothing should add to the presentation, not detract from it. Working in front of a mirror or with another instructor will give you some ideas. Once you begin to teach with your body, the feedback and new ideas will come with additional class sessions.

Fertilization: Form the ovary with your left hand clenched slightly. Suddenly ovulation takes place, your fist opens releasing the egg into the waiting fallopian tube. The fimbria are the moving fingers of your right hand; the egg travels up the tube (which is your right arm) and finally implants itself in the uterus, formed as your head drops forward and your upper body becomes the waiting uterus.

Relaxation: Tension and relaxation can be presented by tightening your face, then smoothing out the tension with your fingers to demonstrate

progressive relaxation and the use of touch.

Effacement: Your nose can serve to illustrate the consistency of the cervix before labor begins, firm but flexible and not at all effaced. Tug on your nose with your thumb and forefinger to illustrate this; contrast this with an image of full effacement by using the skin tightly stretched between your thumb and index finger. How thin and stretchy!

Contractions: When you begin to talk about the strength of contractions, you can use your nose again to give the class the idea of how the abdomen feels with a mild contraction. The forehead can be the consistency of the abdomen when the contractions become stronger.

Dilation: Dilating the cervix from 0-10 cm can be pictured by using closed, pursed lips, then stretching your mouth wide open to simulate full dilation. Everyone in the class can see the difference in each other as they return the demonstration. Slide your index finger along the dilated cervix that is your open mouth to demonstrate a vaginal examination during labor.

Pelvis: Let's build a pelvis! Place your thumbs together for

the pubic arch; your index fingers touch to form the oval shape of the inlet. Now bend the remaining three fingers on each hand to represent the ischial spines. Ask the class to do this with you and then have everyone look down into the pelvis just as the baby does when labor begins. They can see the wider transverse diameter of the pelvic inlet and the roomier anterior-posterior diameters of the outlet. The explanation of the internal rotation of the head to fit into the pelvis, past the spines and under the pubic arch is easier to visualize. Best of all, the class can take this pelvis home with them!

Progress of Labor: Clench your fingers tightly into a fist to show the cervix at the beginning of labor, allowing only a fingertip to pass through. As labor progresses and the contractions become stronger and more effective, the thumb and the forefinger of the fist begin to relax and show progressive dilation. Both hands together now with thumbs and index fingers overlapped, you can progress from 0-10 cm.

Pushing: Use your body to demonstrate a variety of pushing positions; the class needs a mental picture of what you said to help them when

they are in the second stage. Use your body to form the J, demonstrating the angle which will produce the most effective pushing. Start the pushing demonstration sitting flat on the floor, using an over-turned straight-back chair as your backrest to simulate being semi-reclined in a hospital bed. Ask for suggestions from the class about improving your pushing. They could tell you to get out of bed, squat, turn to the right or left lateral positions. Have someone support you as you push. Demonstrate everything they suggest, illustrating that there are many ways to push and no one “right” way that works for every birth

you find that your body is your favorite teaching tool.

Perineum: Have each class member pull his/her forefingers to the outside corners of the fully opened mouth. The burning sensation will simulate the feeling in the perineum just before the head is born. Remember the stretched skin between the thumb and index finger? Use this now to demonstrate the taut perineum. If an episiotomy is indicated, you can show the difference between the midline and mediolateral episiotomy by drawing two lines down from the vaginal opening across the stretched perineum.

Teaching is a bit like acting. The stage is set, the audience expectant, the lines rehearsed; some find it difficult to at first to “act out” a lesson plan. If you are not at ease with all of these suggestions, try one or two of them. Your comfort level and effectiveness will increase as