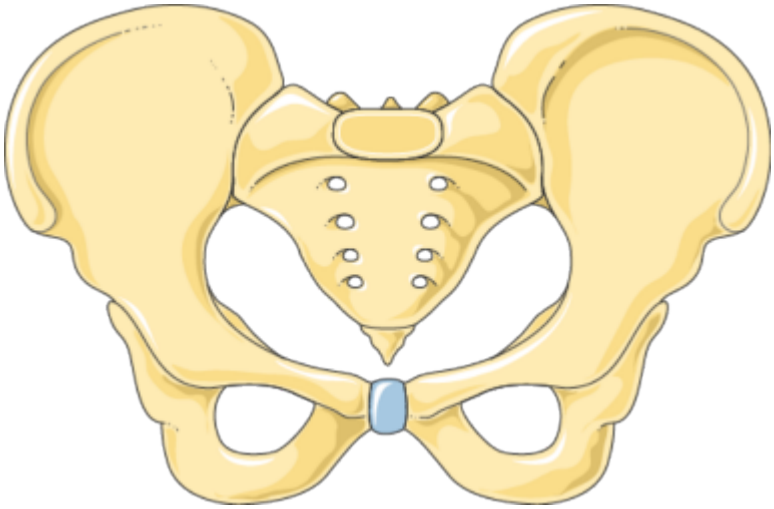
AIMS For a better birth...

Case Study: Biomechanics

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Showcased by Catharine Hart

AIMS is proud to showcase the work of Molly O'Brien, who teaches the course*Biomechanics for Birth* that she developed during her first 20 years of experience working as an NHS midwife. The course includes a variety of helpful techniques, including ones to diagnose and rectify a difficult labour (often labelled "labour dystocia" by healthcare professionals).[1],[2] Molly believes that these techniques should be available for all birthing women and people to utilise for themselves, as well as for birth workers and healthcare professionals to offer. Biomechanics courses teach about birth physiology and techniques that can help expand the space in a woman's pelvis, not only to assist in resolving obstructed labour, but also to assist most women during labour.[3] They also challenge many assumptions that midwives and birth workers may previously have held – for example, it is generally assumed that a baby in a suboptimal position is a *cause* of a longer labour, whereas Molly's understanding is that this can be a*consequence* of mechanical imbalances in the woman's pelvis and restrictions on movement during labour. Preliminary audits of several NHS Trusts, which have introduced biomechanics, show a reduction in instrumental births and severe vaginal tearing and more women reporting positive birth experiences.[4]

"A deeper understanding of anatomy and physiology has proved to be a far more accurate tool to understanding what is making birth more prolonged and painful….. Identifying and piecing together signs of labour dystocia require a change in perceptions of birth from 'birth is normal in retrospect', to 'trust and belief in birth as a normal physiological function" (Molly O' Brien)[3]

Further Reading

O'Brien, M. (2025) *Optimal Birth: Changing the Conversation about Childbirth*: www.optimalbirth.co.uk/index.php

Smith, A. (2023) 'Teaching midwives about physiology-based care: going beyond the core curriculum', *AIMS Journal* 35(1): 28-30: www.aims.org.uk/journal/item/teaching-midwives-biomechanics

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[1] There is controversy within midwifery and birth literature on what "delayed labour" actually is and whether labour slowing down should always be seen as a "problem" - for more on this topic please see:

Wickham S. (2023) What is a labour plateau? www.sarawickham.com/articles-2/what-is-a-labour-plateau

[2] The phrases "delayed labour/slow labour/labour dystocia/stalled labour" are now, thankfully, recommended by the Royal College of Midwives instead of blaming 'failure to progress'. Please see:

RCM (2022) Re-birth: Guidance on talking about types of birth with women and childbearing people during antenatal care. https://rcm.org.uk/wp-content/uploads/2024/03/JG1896-RCM-Rebirth-125x85mm_Final.pdf

[3] O'Brien, M. (2025) Optimal Birth: Changing the Conversation about Childbirth www.optimalbirth.co.uk/index.php

[4] Smith, A. (2023) Teaching midwives about physiology-based care: going beyond the core curriculum. (A discussion with Molly O'Brien.) AIMS Journal, 35(1), 28-30: www.aims.org.uk/journal/item/teaching-midwives-biomechanics