The Peanut Ball: A Remarkable Labor Support Tool

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The peanut ball is a relatively new tool that more women are choosing to use during their births. Doulas, nurses, midwives and physicians are increasingly using it as a birth tool, as well. It’s a versatile and useful device that can be used during the first and second stages of labor, with or without an epidural.

Improved labor outcomes

Originally used in physical therapy, the peanut ball has only recently been used for birth support. It is not only a tool for comfort; preliminary findings have shown that the use of a peanut ball can decrease labor length. In 2011, Tussey and Botsios conducted a research study with birthing women who had an epidural and used a peanut ball. Findings revealed a drop in the length of the first stage of labor by more than 90 minutes, and second stage was reduced by 22.3 minutes. Additionally, the need for vacuum extraction, forceps and cesarean birth decreased in the group using the peanut ball. This study has shown that the peanut ball can make a valuable contribution to improvement in maternal and fetal outcomes.

In another recent study, the use of the peanut ball in one Midwestern U.S. hospital was analyzed for its effect on labor (Grant, Craig, & Rice, 2014). The retrospective analysis of 218 laboring women also demonstrated labor length reduction. Women who had an epidural and used a peanut ball had a reduction in first stage duration of 102.1 minutes and second stage duration of 27.6 minutes. Those who did not have an epidural and used the peanut ball had a first stage average reduction of 108.5 minutes and a second stage length of 29.2 minutes less than those without peanut ball use. This is helpful information to support the use of a peanut ball during birth, but there is still a need for more research on the peanut ball and its effect on laboring women. Very few studies have been reported in the literature.

Types and care of peanut balls

Peanut balls range from 40 to 70 centimeters in length in order to accommodate different-sized clients and possible positions. The most common peanut ball sizes for labor support are 40 to 50 centimeters. A 40-centimeter peanut ball can be used for short patients, a 50-centimeter ball for most patients and a 60-centimeter ball for tall patients.

It’s important to use the right size peanut ball. If a peanut ball is too large for a patient, too much force may be placed on the hip joint, which can cause guarding instead of relaxing. In sitting positions, only the 70-centimeter peanut ball should be used.
It is important that the peanut ball be hospital-grade quality, burst resistant and latex free. They should be kept away from sunlight and sharp objects, and inflated gradually over a few days at room temperature. It’s best to avoid placing them on the floor, as well. Cleaning can be done with hospital-grade wipes.

Learning to use the peanut ball

The use and positioning of the peanut ball has been described by only a few sources (Hill, 2013; Lythgoe, 2014; Perez, 2014). Several instructional peanut ball videos have been posted to the Internet. One video, from Mercy Medical Center — Des Moines and other Banner health facilities (August 30, 2011), shows labor positions that can be used with a peanut ball.

Another video shows various labor positions and methods other than the peanut ball but includes a helpful section about peanut ball, but includes use by midwives (Olson Center for Women’s Health, 2012). A third online video specific to the peanut ball clearly demonstrates various positions for use in labor (Loveland’s McKee Medical Center, 2013).

All of these resources can serve to equip the doula with necessary knowledge on how to use the peanut ball correctly and effectively with their clients.

Labor positions using the peanut ball

There are many different positions that can be used with the peanut ball during the early, active, transition or pushing stages. In any of these positions, clients may be turned every 20 to 60 minutes to encourage circulation and labor progress.

• Side-lying. This is a very common position with or without epidural (see photo above). The peanut ball is placed between the mother’s legs, with the upper leg resting on the indentation of the ball and the lower leg slightly bent. This position helps to open the pelvic outlet. A rolled blanket can be placed on the other side of the peanut ball so it is stable in the bed.

• Tucked side-lying. This position begins with the side-lying position but then brings the knees toward the chest in a tucked position. This widens the pelvic outlet, similar to a squatting position. Fetal descent, optimal positioning and rotation are all facilitated with this technique.

• Semi-sitting lunge. In this position, the laboring woman is semi-reclined and sitting with one leg over the center of the peanut ball resting on the indentation. The other leg is bent Taylor (cross-legged) style. This allows the pelvic outlet to be expanded to the side of the leg that is not on the peanut ball. The pelvic inlet may

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increase, descent is encouraged and cervical dilation is promoted. This can be especially helpful if the woman has a cervical lip on one side.

- Hands and knee fire hydrant. In this position, the client puts her hands on the bed, with one knee kneeling. The other leg should have both the knee and the foot resting on top of the peanut ball. This position works well with the bottom of the labor bed lowered and the peanut ball on the lower part of the bed. It is especially effective for rotating the baby during descent and for reducing a one-sided lip of the cervix.

- Forward-leaning. The forward-leaning position is helpful with the peanut ball used like a pillow. The woman is on her knees, and her upper body is resting on the peanut ball with the uterus hanging freely. In this position, gravity helps in the adjustment of the fetal position. In addition, the peanut ball is more stable, taller and often more comfortable than pillows.

- Sitting on the peanut ball. In this position, the woman straddles the peanut ball as if horseback riding. As mentioned previously, this position should only be done using the 70-centimeter peanut ball. Gentle bouncing or a forward-to-back motion can take place. A bed handrail or rebozo over the squatting bar can be used for stability. Women find that as an upright option, sitting on the peanut ball helps labor progress, and it can feel more stable than the round birthing ball.

- Pushing. Two of the basic positions can be used during pushing — the tucked side-lying and forward-leaning position. Both foster pelvic widening, fetal descent and optimal fetal positioning. During pushing, the peanut ball can be a good alternative support to bed stirrups.

### Increased availability

Interest in peanut ball use is spreading to doulas, nurses, midwives and physicians. Some hospitals already provide peanut balls of various sizes and have incorporated their use in charting and in-service education classes.

In addition, some doulas have purchased their own to bring to births. They are also discussing peanut balls prenatally with clients to enhance their comfort with using one during birth. Some doulas have even donated peanut balls to hospitals and are giving in-service education classes about
peanut ball use. This increased use and visibility has helped to foster hospital staff awareness and will only help to expand peanut ball availability for client use.

As peanut balls become more prevalent, doulas will be instrumental in promoting their effective use. One doula shared, “My client had been stuck for six hours after using many techniques. Then I remembered the peanut ball and asked if they had one. I was pleased to find that the hospital had one on site. After 30 minutes of use, my client had her baby!”

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