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Supporting Birth in Alternative Positions

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Session Objectives

- The objectives of this session are to:
 - Discuss the rationale for supporting labor and birth in alternative positions (evidence base growing)
 - Explain the principles of assisting a woman to birth in alternative/active positions (for uncomplicated births)



Illustration by: Okello Victor

"WHEN YOU WANT THE KETCHUP
TO COME OUT OF THE
BOTTLE, YOU DON'T
LAY THE BOTTLE
DOWN.



IT'S THE SAME WHEN YOU WANT THE BABY TO COME
OUT OF THE MOTHER". ~Pat Schwaiger, Mountain Midwives

Why Are We Even Asking about This?

- Recent World Health Organization (WHO) review revealed **lack of respect** for women's preferred birth positions.
- Some women preferred **squatting or kneeling**:
 - Resented being made to birth in undesirable/humiliating positions
- Adopting an undesirable position made women **passive** participants in birth:
 - Restricting to lying position: A **barrier to facility care**
- Health workers in Bangladesh, Cuba, and Uganda:
 - Lack of **training** on positions other than lying down
 - **Uncomfortable** letting woman choose birth position

Restricting Ambulation and Choice of Birth Position

- Gravity is our greatest aid in giving birth, but for historical and cultural reasons we make women give birth on their backs.

ACTIVITY

- In pairs for 3 minutes:
 - Select one reason that you can think of why most women lie down to give birth.
 - What do you think are the reasons for this?

Barriers to Alternative Positions

- Recent historical precedent
- Pervasive cultural image of birth
- Ease of interventions
- Health care provider comfort and convenience
- Health care provider training
- Physical structures of labor/delivery room (e.g., overcrowded and lack of space)

Risks and Benefits of Positions Women Choose in Labor and Birth – Do You Know?

- Women who assumed a non-supine position for birth:
 - Had fewer perineal injuries,
 - Had less vulvar edema, and
 - Had less blood loss.
- Women choosing non-supine position for birth:
 - Had shorter second stages,
 - Required less pain relief medication, and
 - Had fewer abnormal fetal heart rates.

Alternative Positions



Summary Benefits: Cochrane Review

Position in the second stage of labour for women without epidural anesthesia (Gupta et al. 2012)

- Findings suggest several possible benefits for upright posture, with the possibility of increased risk of blood loss greater than 500 ml.
- Women should be encouraged to give birth in the position they find most comfortable.
- Until such time as benefits and risks of various positions are known with more certainty, women should be allowed to make informed choices about birth positions they might wish to assume for delivery.

Summary Benefits: Cochrane Review

Mothers' position during the first stage of labour

- Clear and important evidence that walking and upright positions in first stage of labor:
 - **Reduce duration of labor**
 - **Lower risk of cesarean**
 - **Decrease need for epidural**
 - **Do not seem to be associated with more intervention or negative effects on mothers' and babies' well-being**
- Based on current findings, we recommend that **women in low-risk labor be informed of benefits of upright positions, and encouraged and assisted to assume whatever positions they choose.**

It's about Choice and What Women Want

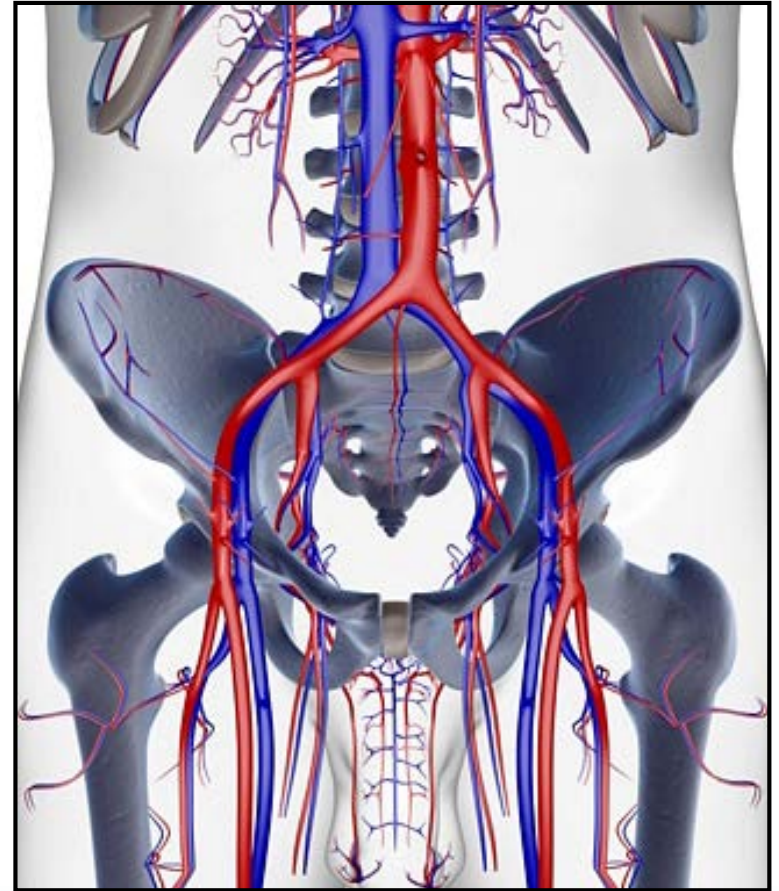
- Choice of labor and birth positions encourages a woman's sense of control and reduces need for analgesia.
- X-ray evidence shows that actual dimensions of the pelvic outlet become wider in squatting and kneeling/hands-knees positions (Gupta et al. 2012).



What about the Fetus?

Intrapartum Care to Prevent Birth Asphyxia

- Supine/lithotomy: Uterus compresses vessels → reduced uterine blood flow
- May contribute to fetal hypoxia/birth asphyxia
- So, consider:
 - 1st stage labor: lying on left side, standing, walking
 - 2nd stage labor: squatting, sitting, on hands and knees



Partnership in Care

Provide maternity care that...

- Is woman-centered, empowering, and supportive
- Is evidence-based and shown to be beneficial
- Permits free communication and full expression of trust and commitment
- Ensures that all women are treated equitably
- **Offers and supports informed choices**

Respectful Maternal and Newborn Care

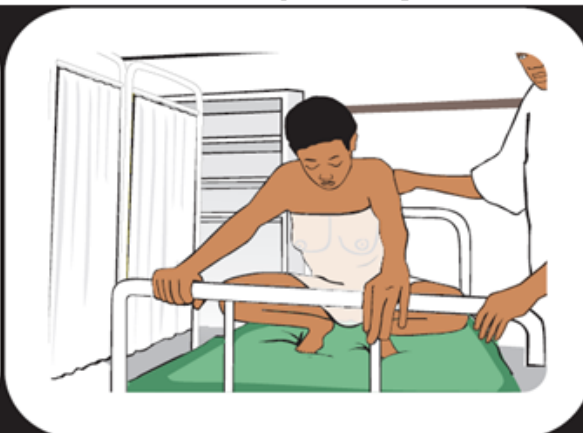
- Respect for a woman's rights, choices, and dignity
- “Does no harm”
- Promotes positive parenting and improves birth outcomes
- Culturally sensitive and valued by the woman and community
- Respect for “choice” recently endorsed by WHO within the quality of care framework

Promotion of Birthing Practices That Recognize Women's Rights, Preferences, and Needs – Example from Mozambique Ministry of Health

Respect for beliefs, traditions and culture



The right to information and privacy



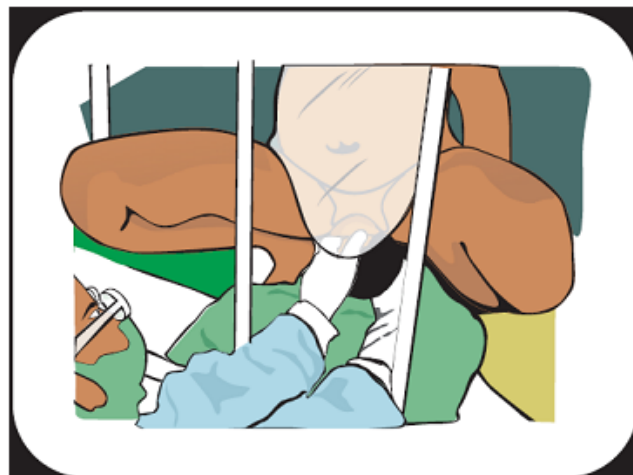
The right to have liberty of movement during labor



The right to choose and have a companion



The right to choose the position for childbirth



Choices for Alternative Birth Positions Include:

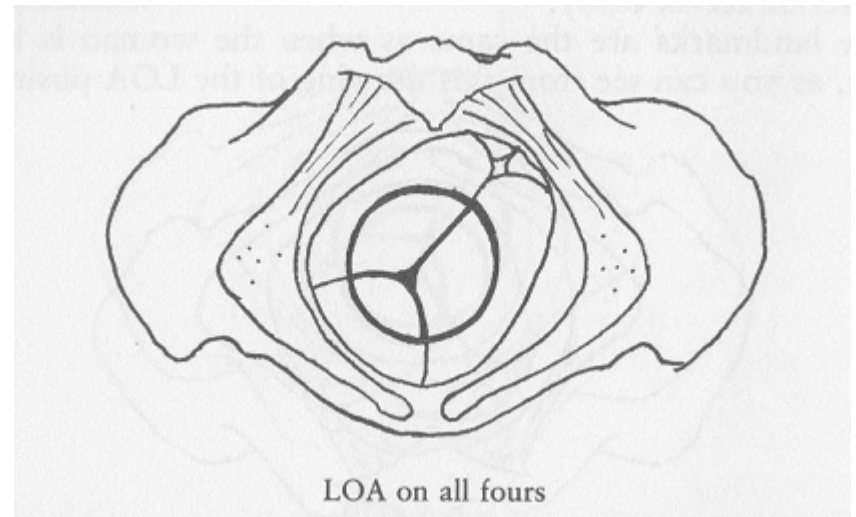
1. Standing
2. On hands and knees/ leaning forward
3. Squatting
4. Sitting
5. Lying on side



What's Different?

- The mechanism of labor is unchanged.
- But you need to know how the baby will come out and what you can do to facilitate a safe birth.
- Managing 3rd stage is the same and most women will adopt a supported sitting position.

Left Occipito Anterior (LOA) on “all fours”



Socio-Cultural Considerations



- Listen to the women and your community – we want them to come to the health facility.
- Talk with traditional birth attendants.
- Respect and support safe traditional practices and birthing positions.

Some Considerations in Supporting Choice of Birth Positions

- Health facilities need to plan where non-supine births should take place and ensure availability of equipment/supplies.
- Help women understand that they can use alternative positions and feel free to be mobile and try different positions during labor and birth.
- Midwives and students need to be able to gain experience in assisting births in non-supine positions.
- Monitoring and Evaluation – suggestions welcome!

Summary

- Be accountable for giving good care!
- Provide care that is **evidence-based and shown to be beneficial, including birth in alternative positions.**
- Communicate well and support women's choices.
- Explore opportunities for collaborative working and team building to improve respectful quality of care.



References

- Bohren MA, Vogel JP, Hunter EC, et al. 2015. The mistreatment of women during childbirth in health facilities globally: a mixed-methods systematic review. *PLoS Med.* 12(6):e1001847. doi:10.1371/journal.pmed.1001847.
- Gizzo S, Di Gangi S, Noventa M, Bacile V, Zambon A, Nardelli GB. 2014. Women's choice of positions during labour: return to the past or a modern way to give birth? A cohort study in Italy. *Biomed Res Int.* 2014;2014:638093. Epub 2014 May 15. <http://www.ncbi.nlm.nih.gov/pubmed/24955365>
- Gupta, JK, Hofmeyr GJ, Shehmar M. 2012. Position in the second stage of labour for women without epidural anaesthesia. *Cochrane Database Syst Rev.* May 16;5:CD002006. doi: 10.1002/14651858.CD002006.pub3.
- Lawrence A, Lewis L, Hofmeyr GJ, Styles C. 2013. Maternal positions and mobility during first stage of labour. *Cochrane Database Syst Rev.* Oct 9;10:CD003934. doi: 10.1002/14651858.CD003934.pub4.
- Nasir K, Korejo R, Noorani KJ. 2007. Child birth in squatting position. *J Pak Med Assoc.* 57(1):19–22. <http://www.ncbi.nlm.nih.gov/pubmed/17319414>
- Soong B, Barnes M. 2005. Maternal position at midwife-attended birth and perineal trauma: is there an association? *Birth.* 32(3):164–169.
- Terry RR, Westcott J, O'Shea L, Kelly F. 2006. Postpartum outcomes in supine delivery by physicians vs nonsupine delivery by midwives. *J Am Osteopath Assoc.* 106(4):199–202.
- Further reading:** Sutton J, Scott P. 1996. *Understanding and Teaching Optimal Foetal Positioning*, 2nd rev ed. Tauranga, New Zealand: Birth Concepts.

Useful Resources

Some good sites:

- <http://www.cochrane.org/>
- <http://evidencebasedbirth.com/what-is-the-evidence-for-pushing-positions/>
- <http://www.rcmnormalbirth.org.uk/birthing-positions-in-practice/visual-aids-for-birthing-positions/>
- <http://www.rcmnormalbirth.org.uk/practice/ten-top-tips>

Videos:

- Global Health Media Project – Giving Good Care during Labour. <http://globalhealthmedia.org/portfolio-items/giving-good-care-during-labor/?portfolioID=5623>

For more information, please visit
www.mcspprogram.org

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