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Posture and Positioning During Labour – Best Practice

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Historical Perspective



- **Historical evidence of women either squatting during labour or kneeling or sitting with the continuous support of other women**

ref: Brooke E (1997) Medicine women a pictorial history of women healers

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Historical Perspective



- A birthing stool was first mentioned in Babylonian times and became popular in many European countries in the Middle Ages.

'Frontispiece of Der Swangeren Frauen und Hebammen
Rosengarten Eternal Eve by Harvey Graham, 1950

Lying horizontal

- **During the 17th century it became fashionable for women to labour horizontally in many European countries.**
- **This coincided with a trend towards medical supervision in childbirth**
- **Physicians needed to have easy access to the vagina for the purpose of examination.**
- **Later pain relief methods contributed to reduced mobility and drowsiness of women in labour**
- **Lead to an expectation and acceptance that during childbirth women lay passively in bed.**

Antenatal Preparation

- A Cochrane's systematic review entitled 'Aerobic exercise for women during pregnancy, concluded that regular exercise during pregnancy appears to improve or maintain physical fitness and body image. (Kramer & McDonald, 2006)
- Exercise can improve self-esteem, self image, prepare the body for the strenuous activity of labour and speed post-partum recovery (Zeanah & Schlosser, 1993; Horns et al, 1996)
- A review concluded that women who exercise regularly are more likely to have shorter labours with less intervention and recover more quickly after the birth (Clapp, 2001)

Antenatal Preparation

- A recent study has demonstrated some evidence that women can exercise safely during pregnancy and this may reduce their risk of caesarean section (Butler et al, 2004).
- Low impact exercises, Pilates-based exercises and relaxation techniques are considered to be safe (Brayshaw, 2003; Windsor & Laska, 2002)
- Some exercises can enhance the second stage of labour and it has been suggested that these should be practised during pregnancy (Tupler, 2000).

Maternal Health & Well-Being Project

- In 2004, a holistic health and fitness programme specifically designed to raise awareness of the health & well-being benefits of normal birth
- Aims of the Initiative
 - To promote health & fitness during pregnancy
 - Prepare for Birth
 - Maintain health & fitness after childbirth
- Modelled of the successful 'Prescription for Activity' project (GP's refer patients to undertake exercise)
- Midwives referred low-risk women, however, some high risk women also decided to attend

Antenatal Health and Fitness Programme

Attend from 16 weeks pregnant
6 sessions, Tues 1-3pm
at South Leeds Sports Stadium

Sessions:

- 1 Health and Fitness In pregnancy
- 2 Diet and Nutrition
- 3 Preparing for an Active Birth
- 4 Coping with the Birth
- 5 Managing Emotions and Relationships
- 6 After the Birth

Postnatal Health and Fitness Programme

Attend from 10 days after the birth
6 sessions, Thurs 1-3pm
at South Leeds Sports Stadium

Sessions:

- | | |
|---|---|
| Health and Fitness after the Birth | 1 |
| Diet and Nutrition | 2 |
| Harmful Effects of Smoking, Alcohol and Drugs | 3 |
| Maternal Health | 4 |
| Managing Emotions and Relationships | 5 |
| Maintaining Health and Fitness | 6 |

These topics discussed by a midwife, low impact exercises and Pilates for Pregnancy and after the Birth undertaken with the support of fitness instructors.

Contact:

Community Midwifery Office 0113 392 2784
Mary Steen between 9am-6pm, 07786 250581
South Leeds Stadium 0113 395 0000



Concessions

£1.25 per session, then continue exercising for another 12 weeks, attending gym and mainstream fitness centres for the same price.

Findings

- Service development evaluation (15 months)
- 10 antenatal/postnatal programme (6 sessions)
- 77 antenatal, 80 postnatal women completed Q's
- Positive benefits were reported by women
- Women liked exercising and gained confidence for an active birth
- Quotes:
 - 'I'm going to be as active as possible in labour'
 - 'I found using the birth ball really helpful'
 - 'I'm definitely going to be active and use the positions I have been taught and stay at home until it just gets too much'
 - 'I can't believe I can have a homebirth if I want'

ref: Steen M (2007) Wellbeing and Beyond, RCM, Midwives 10:3 116-119

The promotion of Active Birth

- A woman needs to feel safe and well supported during childbirth
- The environment is key to freedom of movement. There should be a variety of furniture and props available in the room that encourage women to try different positions (Albers, 2007)
- She will naturally use lots of different positions during the birth process (Gardosi et al, 1989)
- Movement is a vital component during labour (Gould, 2000)



Active Birth in Leeds

- Active birth sessions run since 2003
- 7 sessions are held monthly in the 2 maternity units and additional sessions/workshops (Birth & Beyond) in the community
- Sessions are 2 hours, approx. 6-7 women and their birth partner attend.
- Specific sessions for women from BME groups and disadvantaged women

Evaluation of Active Birth

- Nov 2006 – May 2007
(6 month period)
- 250 women sent a postal delivery evaluation, 55% response rate
- 90% of respondents had used active birth techniques in labour
- 87% of respondents were either satisfied, very satisfied, extremely satisfied with their birth experience
- Women's views:
 - "Very good session, informative and relaxed"
 - "Really calm, explained everything simply, thank you."
 - "It was a good experience and very helpful"
 - "We feel more relaxed and confident"

Medical Interventions

- The use of electronic fetal monitoring, intravenous infusions and different methods of analgesia may affect a woman's mobility and use of postural change during labour ([Spiby et al. 2003](#)). Women need to be aware of this in order for them to make an informed choice about their use ([MIDIRS 2005c](#)).

1st stage of labour

- Upright positions - 1st stage are those that avoid lying flat and may include walking around.
- There are significant advantages to assuming an upright position in labour and birth ([NHS Centre for Reviews and Dissemination 2003](#))
- These include gravity; reduced risk of aorto-caval compression; better alignment of the fetus; more efficient contractions, increased pelvic outlet in squatting and kneeling positions ([MIDIRS 2005](#)).
- Use of postural coping strategies during the first stage of labour is associated with providing some pain relief and helping a woman to cope with pain ([Simkin & Bolding 2004](#); [Spiby et al, 2003](#)).
- A clinical trial reported, no harmful effects have been associated with walking during labour, and women should be encouraged to do this if they wish ([Bloom et al, 1998](#)).

A range of positions to assist women in 1st stage

- Changing positions in 1st stage leads to effective contractions (Gupta & Nikodem, 2001)
- Forward leaning position (OP)
- Sitting astride a chair
- All fours position
- Many women are happier to be mobile during 1st stage
- Some find relief from pelvic rocking
- Using a birth ball, rocking chair, beanbag

2nd Stage of labour

- Upright positions in 2nd stage include sitting (more than 45 degrees from the horizontal), squatting or kneeling, being on hands and knees.
- A Cochrane's review concluded: Use of upright positions for 2nd stage confers several benefits including a shorter second stage, fewer instrumental births, fewer episiotomies although estimated blood loss has been reported to be greater ([Gupta et al, 2004](#)).
- Use of the lateral position for birth appears to protect the perineum ([Shorten et al. 2002](#)).
- Squatting using a birthing chair has been reported as a predisposing factor for third and fourth degree tears ([Jander and Lyrenas 2001](#)).

A range of positions to assist women in 2nd stage

- Need to try out antenatally
- Squatting – advantageous as the pelvic outlet is 1 cm greater in the transverse diameter and 2 cm greater in the antero-posterior diameter resulting in an increase of 28% in area compared with supine position (Russell, 1982)
- Many women are not able to squat comfortably, need to improvise, supported by partner.
- Upright positions – gravity assisted:
 - High sitting
 - Semi-recumbent
 - Prone-kneeling
 - High kneeling free squatting
 - Squatting on birthing cushion.

Normal Birth Practices

- It is important that women receive information about normal birth practices
- RCM Campaign for Normal Birth, 'aims to inspire support normal birth practices
- Women often “choose” to do what is expected of them, and the most common image of the labouring woman is “on the bed”.
- Lying down continues to remain the most common position.
- Midwives need to be proactive in demonstrating and encouraging different positions in labour
- Women should be encouraged and helped to move and adopt whatever positions they find most comfortable throughout labour ([NICE 2007](#))

Different Positions



Different Positions



Using props



Doing what comes natural



Childbirth without Fear

