

# Childbirth positions

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The term **childbirth positions** (or "maternal birthing position")<sup>[1]</sup> refers to the physical postures the pregnant mother may assume during the process of childbirth. They may also be referred to as delivery positions or labor positions.

In addition to the lithotomy position, still commonly used by many obstetricians, other positions are successfully used by midwives and traditional birth-attendants around the world. Engelmann's seminal work "Labor among primitive peoples" publicised the childbirth positions amongst primitive cultures to the Western world. They frequently use squatting, standing, kneeling and all fours positions, often in a sequence.<sup>[2]</sup> They are referred to as upright birth positions<sup>[3]</sup>

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## Upright birth positions in general

Various people have promoted the adoption of upright birthing positions, particularly squatting, for Western countries, such as Grantly Dick-Read, Janet Balaskas, Moysés Paciornik and Hugo Sabatino. The adoption of the non-lithotomy positions is also promoted by the natural childbirth movement.

Being upright during labour and birth can increase the available space within the pelvis by 28-30% giving more room to the baby for rotation and descent. There is also a 54% decreased incidence of foetal heart rate abnormalities when the mother is upright.<sup>[4]</sup> These birthing positions can also reduce the duration of the second stage of labour<sup>[5]</sup> as well as reduce the risk for emergency caesarian sections by 29%.<sup>[6]</sup> They are also associated with the lower need for epidural<sup>[6]</sup>

Different positions may be associated with different rates of perineal injury.<sup>[7][8]</sup>

## Squatting position

The squatting position gives a greater increase of pressure in the pelvic cavity with minimal muscular effort. The birth canal will open 20 to 30% more in a squat than in any other position. It is recommended for the second stage of childbirth.<sup>[9]</sup>

As most Western adults find it difficult to squat with heels down, compromises are often made such as putting a support under the elevated heels or another person supporting the squatter.<sup>[10]</sup>

## All-fours

Some mothers may choose the all-fours position instinctively. It can help the baby turn around in the case of a malpresentation of the head. Since this position uses gravity, it decreases back pain,<sup>[11]</sup> as the mother is able to tilt her hips.<sup>[12]</sup>

## Side lying



The Dumbarton Oaks birthing figure

Side lying may help slow the baby's descent down the birth canal, thereby giving the perineum more time to naturally stretch. To assume this position, the mother lies on her side with her knees bent. To push, a slight rolling movement is used such that the mother is propped up on one elbow is needed, while one leg is held up. This position does not use gravity but still holds an advantage over the lithotomy position, as it does not position the vena cava under the uterus, which decreases blood flow to mother and child.<sup>[11]</sup>

## Lithotomy position

In the lithotomy position, the mother is lying on her back with her legs up in stirrups and her buttocks close to the edge of the table.<sup>[13]</sup> This position is convenient for the caregiver because it permits him or her more access to the perineum. However, this is not a comfortable position for most patients, considering the pressure on the vaginal walls because the baby's head is uneven and the labor process is working against gravity.<sup>[11]</sup>

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