

Positions for labour and birth

for **women**

No one knows for sure which position is best for you and your baby when you go into labour. Many women say they have an urge to stay upright, mobile and adopt a certain range of positions, which helps relieve the pain of contractions.



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This leaflet is based on the best available research evidence and is one in a series of 25 Informed Choice topics

This publication is designed to help you make the right choices for you and your baby.

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However, some equipment used in hospitals will restrict your movements and can also affect your choice of position – for instance, the use of baby heart rate machines, drips (intravenous infusions), and epidurals. All of these can mean that many women often end up labouring on a bed, propped up with pillows instead of in a position of their choosing.

Will you lie down, stand up, sit or squat – or perhaps a mixture of all four? In order to help you decide what is right for you and your baby, this leaflet gives you the information about any potential advantages or disadvantages that there might be when it comes to choosing your position for labour and birth.

Positions in labour

Although the common image of a woman in labour is for her to be lying on her back in a bed, research now shows that there are many advantages to remaining 'upright'. These include:

- the use of gravity to help your baby move down the birth canal
- less risk of pressure on the major blood vessels that go to your womb (uterus) which, if compressed, reduce the oxygen supply to your baby (aorto-caval compression)
- your baby being more likely to be in a better position for passage through the pelvis
- stronger and more efficient contractions, which help your cervix to open up (dilate) more quickly and therefore, make labour shorter.

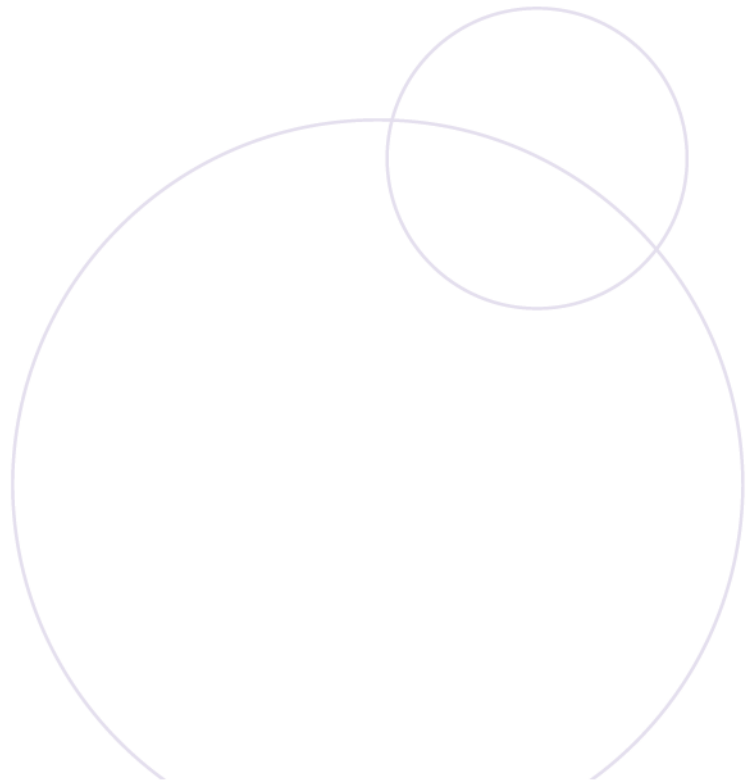
Blood loss at the birth

It is perfectly natural and normal to lose some blood when you are giving birth. When looking at the various options for positioning during labour and birth, researchers have compared blood loss in women who gave birth in an upright position compared to lying down. Heavier blood loss has been found in women who gave birth in an upright position, although this could be because it is often easier to estimate blood loss more precisely when a woman is upright.

However, the blood loss recorded wasn't enough to be a problem; therefore, you should be allowed and supported to give birth in whichever position is most comfortable to you.

What being upright in labour means

An 'upright' position in the first stage of labour, when your cervix is dilating, means any position that avoids lying flat. Being upright in the second stage, when you are pushing, may include the use of a birth chair, squatting, kneeling and being on your hands and knees (all fours position). Some women will still choose to lie on a bed; this may mean lying flat, on their side, or propped up with pillows or a foam wedge that supports their back.



The first stage of labour

Research that has looked at the positions women choose during the first stage of labour, suggests that those who stay in an upright position and keep mobile by standing, walking around, kneeling or squatting (using a range of props to help), experience a slightly shorter first stage of labour, have less pain and less need for an epidural or pain relieving drugs. Their baby's heart rate has also been found to be steadier, so that they are born in a healthy condition.

The second stage of labour

Being upright in the second stage could mean kneeling, squatting, sitting in a chair or using a birth stool. If you decide to lie on a bed, you tend to either choose or are encouraged to be in a position that means you are usually on your back



propped up with pillows and with your knees bent up (semi-recumbent). If you need to have an assisted vaginal birth (forceps or ventouse), then you will be asked to lie on the bed, in a semi-recumbent position and your legs will be supported by slings or stirrups (this is called the lithotomy position).

Research has found that being able to stay in an upright position rather than being in a bed is associated with the following:

- a potential risk of heavier blood loss at the birth (see the section on blood loss, above)
- a lower risk of having an episiotomy (a cut to help your baby to be born), but a greater likelihood of a tear to the vagina or the skin between your vagina and anus (the perineum)
- a slightly greater chance that your labour will be shorter
- less likelihood that your baby will become distressed during labour
- less chance of you having a suction cup (ventouse), forceps or caesarean birth
- a greater chance you will feel more comfortable and have less pain.

Research has also looked at the outcomes when women have used a squatting stool, birth cushion, or birth chair compared with lying on their back. Use of these is associated with the following:

- a heavier blood loss at the birth (see the section on blood loss, above)
- a chance that your perineum could tear
- a greater chance you will feel more comfortable and have less pain at the birth
- less likelihood that your baby will become distressed during labour
- less need for forceps or ventouse.

Your choice of position

Your choice of position when you are in labour will usually be supported by the midwife caring for you, and most maternity units should offer you a range of facilities to choose from. Antenatal preparation classes and trying out different birthing positions at home before going into labour, can offer both you and your partner the opportunity to become familiar with a variety of positions and help you to feel more able to use them when you are in labour.

However, the strongest factor in choosing your position will be the environment in which you give birth. It's difficult to maintain an upright position in labour without some kind of support, either using aids (bar, ropes, ledges) or physical support from your birth partner. Giving birth at home will usually make it a lot easier for you to adopt a range of different positions by using familiar props for support.

Where you are planning to give birth in a hospital environment, birth centre or midwife led unit, there should be a range of items that can help support you or make you feel more comfortable. These include comfortable chairs, birthing balls, a generous supply of pillows, beanbags, floor mattresses and furniture or wall bars of varying heights. If you want to give birth in hospital, it is helpful to find out what's available in the labour rooms, and whether the room is big enough to move around in.

Being prepared before you go into labour will help you feel more in control. If you have an interest in using a birthing pool, please see the Informed Choice leaflet *Do you want a waterbirth?* which gives you more information about this.

Women's preferences

- **Where women have given birth lying down, the majority have said that they would prefer a different position next time.**
- **Women who have given birth in an upright position say they would choose an upright position for their next birth.**
- **Women who have previously given birth lying down, then gave birth in an upright position, say that they preferred being upright and would choose an upright position for a future labour.**



What we don't know

As the research on maternal position is so limited, there is a great deal that we still don't know. Some of the gaps in our knowledge include:

- Does the place a woman chooses to give birth influence her choice of positions for labour and birth?
- If given a choice, would women automatically choose the positions that are most comfortable and least painful?
- What positions give the greatest benefit for the health of mother and the baby?
- Does antenatal education help women to keep to their choice of position for labour and birth?
- Do birthing chairs have any advantages over birth cushions, birthing balls, beanbags and human support?
- Is there a position for birth that minimises the risk of perineal tears?



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Help from your midwife

- If you have any disability that might affect your ability to move about when you are in labour, or to communicate with the staff, it is a good idea to discuss this with your midwife, or contact the staff in the labour ward where you plan to give birth. This will mean that where extra support and props might be helpful, they can be obtained ahead of your labour.
- You are less likely to use positions that are unfamiliar to you. Squatting, kneeling, or hands and knees positions may need some exploration and practice with your birth partner. Your midwife will be able to give you information and advice before you go into labour.
- If you use rigid birthing chairs or stools for the second stage of labour, ask for help to move about between contractions to reduce complications or consider using a birthing ball.
- Because being mobile and upright in labour is thought to have more advantages than lying down, the midwife caring for you in labour may discourage you from lying down during labour. However, they will not do this if you feel you would like to try and can get some sleep. If you wish to lie down at any stage or an intervention dictates that you have to, it is a good idea to ask to be supported with the use of pillows and wedges so you are semi-recumbent.
- The use of electronic fetal monitoring, drips and different methods of pain relief will all affect your ability to remain upright and mobile. Midwives will support you to make fully informed choices about their use.

To find out more about your options, please discuss this leaflet and any questions you may have with your midwife or doctor. More detailed information can be found in the professionals' version of this leaflet.

Questions you may want to ask

After reading this leaflet there may be some things you are still not sure about. You can use this space to write down any questions you may have and any things you would like to discuss with your midwife or doctor

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