

Positions for Labor and Birth

Why are different positions important?

Changing positions, and moving around during labor and birth, offers several benefits. Some are obvious to the mother in labor: increased comfort / reduced pain, distraction, and an enhanced sense of control: merely having something active to do can relieve the sense of being overwhelmed and out of control.

Beyond these advantages, there are equally important effects on the baby and on the progress of labor. Changing positions during labor can change the shape and size of the pelvis, which can help the baby's head move to the optimal position during first stage labor, and helps the baby with rotation and descent during the second stage. Swaying motions such as walking, climbing stairs, lunging, and swaying back and forth are especially helpful with this.

Movement and upright positions can help with the frequency, length, and efficiency of contractions. The effects of gravity can help the baby move down more quickly. Changing positions helps to ensure a continuous oxygen supply to the fetus, rather than causing supine hypotension (low maternal blood pressure) by lying on your back or even semi-sitting.

Changing position can reduce the length of labor. Mendez-Bauer and Newton (1986) state: "duration of labor from 3 to 10 cm cervical dilation was about 50% shorter in patients who alternated supine and standing, standing and sitting positions."

Positions for First Stage Labor

For Resting:

		
Side-lying. Try placing pillows between your knees for comfort.	Semi-sitting, in bed, on a couch, or leaning against your partner with his arms around you.	Sitting with one foot up. Asymmetrical positions help enlarge the pelvis on one side, and change the shape of the pelvis, which helps the baby find the best position.

Rocking, Rhythmic Motion: In labor, it just *feels* better when mom rocks and sways in rhythm to her breathing. Partners sway with her, or do massage in rhythm with her breathing, or sing in rhythm.

			
Rocking Chair	Sway on ball	Slow Dancing	Dance with Belly Lift

Activity: Walking, climbing stairs, lunging. Activity helps baby to descend, helps baby to rotate into position for birth. In early labor, be active occasionally, but don't exhaust yourself by walking all through early labor. Walking is more effective in active labor and transition when baby has descended far enough to put pressure on mom's cervix and encourage the cervix to open.

		
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Lunge.	Stair Climbing	Tailor Stretching
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Positions for Back Labor

(when mom has back pain, irregular contractions, or is progressing slowly)

Leaning Forward: Many women, especially those with back labor, find it most relaxing to lean forward during contractions.

		
Straddle a chair (or the toilet), and rest your arms and head on the back	Leaning against a wall, or your partner, or leaning over a table. Can sway.	Raise the head of a hospital bed, then kneel on bed with arms resting on top of bed.

Hands and knees / kneeling: Can relieve back pain, help a posterior baby rotate, allows easy access for backrubs / counterpressure massage; makes it possible to sway side to side, rock back and forth, or do pelvic tilts to aid rotation and increase comfort. Having knee pads or kneeling on something soft will help knees. Can rest upper body on pillows, chair, or birth ball.

			
Hands and knees	By a chair	Over birth ball	Knee-Chest

Positions for Second Stage

For second stage, an ideal position would: open the pelvic outlet as widely as possible, provide a smooth path for the baby to descend through the birth canal, use the advantages of gravity to help the baby move down, and give the mother a sense of being safe and in control of the process. Try out a position for a few contractions. If it works, stay with it. If not, switch to a new position in between contractions. Depending on the caregiver, they may ask you to move to a specific position just prior to the birth.

“Standard” positions: These can be done by anyone. These are the positions that most OB’s are used to delivering babies in.

<p>Semi-sitting. With pillows underneath knees, arms, and back. During contractions, can wrap hands around knees and pull knees up toward shoulders (as in squatting). Most common in hospital setting. For mom and baby: some help from gravity moving the baby down; mom feels more in control than in lithotomy position. Benefits for caregivers: good view of perineum, easy access to perineum.</p>	 
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<p>Lateral / Side-Lying. Back curved, upper leg supported by partner. Gravity neutral, good for fast second stage. May be a comfort position for mom.</p>	
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Kneeling positions: These work fine if you have no pain medication, or narcotics only. [If you have epidural anesthetic: These *may* be possible with a light epidural. You can ask your caregiver if it would be possible to try these positions, but you will need help getting into these positions (moving the IV tubing, catheter tube, monitor wires and so on so they're not tangled around you is a production in and of itself!). Once you are in these positions, you would need to be "spotted" (have one person on each side of you, making sure you stay balanced and stable.)]

<p>Kneeling. Hands on the bed, and knees comfortably apart. Or one knee up. Good for reducing tears and episiotomies. May be restful for mom.</p>	
<p>Hands and knees. Arch your back occasionally for increased comfort. Great for back labor, big babies, posterior babies. Many find it most comfortable.</p>	

Upright positions / Squatting: These will not be possible if you have had an epidural, because with an epidural, you typically cannot get up out of bed.

<p>Sitting: On the toilet, on thighs of support person, on birthing stool/chair, on partner's lap. Opens pelvis, gravity enhancing, natural pushing position.</p>	
<p>Squatting / Supported Squat. Opens pelvis, gravity enhancing, sense of control for mom. During squatting, the average pelvic outlet is 28% greater than in the supine position. Stand, or sit back to relax in between contractions.</p>	
<p>Dangle. Gravity, no external pressure on perineum / pelvis. Feeling of being well-supported. May be difficult for mom to see or touch baby during birth.</p>	