Care Practices That Promote Normal Birth

#5: Non-Supine (e.g., Upright or Side-Lying) Positions for Birth

A pregnant woman in a Lamaze class asks about the best position for birth. “The hospital where I plan to give birth has a birthing bed, but I still see lots of pictures that show women giving birth lying down with their legs up. Is there an advantage of one position over another?”

As shown in art throughout history, women across cultures have used both upright and gravity-neutral positions (e.g., side-lying, hands-and-knees) to give birth to their babies. Until the advent of forceps in the 17th century, women were rarely shown giving birth in a supine position (lying on the back). Women were usually cared for during childbirth by the “wise women” of their community, who encouraged them to be guided by their inner wisdom and by the support of those around them. Women used objects such as posts, trees, and ropes to enhance their leverage during pushing. They also used birthing supports or stools made from wood, bricks, or stones to help themselves squat, crouch, or kneel.

The use of a variety of positions during the second stage of labor (the bearing-down part of labor) will allow you to respond to the changing position of your baby as he descends, rotates, and extends in an effort to be born. The positions that you choose will often increase your comfort and facilitate the progress of your baby. Each position has possible advantages and disadvantages.

Upright Positions

Upright positions such as standing, kneeling, or squatting take advantage of gravity to help the baby move down. X-rays have shown that squatting widens the diameter of the pelvis, creating more room for the baby to descend. However, it is also the most tiring position. In most Western cultures, women are not used to squatting for long periods of time; therefore, they should rest in a semi-sitting position between contractions.

Respected childbirth educator and author Penny Simkin recommends a “standing supported squat” or “dangle” position, especially for women with a long second stage. In this position, the woman is supported under her arms, without putting weight on her legs or feet. Her trunk is lengthened, providing more space for the baby to maneuver. In addition, there is no pressure on the pelvis, allowing it to move freely as the baby passes through it.

Gravity-Neutral Positions

Gravity-neutral positions such as all-fours, side-lying, and semi-sitting are restful and may be good for the woman who is exhausted. A side-lying position may help to slow down a birth that is progressing too rapidly.

After the baby has entered the pelvis, he will turn his head to either an anterior (toward the front) or a posterior (toward the back) position. It is far easier for the baby to descend, and more comfortable for the laboring woman, if the baby’s head is in an anterior position. Babies in a posterior position may cause a painful “back labor.” The all-fours position removes the weight of the baby from the woman’s lower back and tailbone and may provide room for a baby to rotate to the anterior position.

What Research Tells Us

According to the Cochrane Pregnancy and Childbirth Group, a respected worldwide source of information regarding evidence-based care, the use of any upright or side-lying position, compared with supine or lithotomy positions (lying on back with legs supported by stirrups), is associated with the following results:
• reduced duration of the second stage of labor,
• a small reduction in assisted delivery,
• a reduction in episiotomies,
• reduced reporting of severe pain,
• fewer abnormal fetal heart rate patterns,
• a small increase in second-degree lacerations (in the upright group only), and
• an increase in estimated blood loss.\(^4\)

In addition, lying on the back may cause lower blood pressure for the laboring woman and reduced blood flow to the baby, due to the weight of the uterus on major blood vessels.\(^2,6\) In the lithotomy position, the woman is actually pushing against gravity!

**Recommendations from Nurses**
The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) recommends that all pregnant women receive information about the benefits of upright positions for the second stage of labor. They also recommend that nurses discourage supine positions and instead encourage squatting, semi-recumbent, standing, and upright-kneeling positions. (Semi-recumbent positions are those in which a woman is reclining but not totally flat on her back.) In addition, AWHONN recommends that women not begin pushing until they feel the urge to do so; and that, when they do push, they push according to what their body is telling them. Grunting, groaning, exhaling during the push, and breath-holding less than 6 seconds as the laboring woman pushes in response to her contractions should all be encouraged by the nurse.\(^7\)

**Recommendations from Lamaze International**
Lamaze International recommends that you choose upright or side-lying positions for birth. You and your partner should view and practice various positions for second-stage labor in your childbirth classes. You should ask your caregivers which positions they encourage for birth and what, if any, restrictions they may feel are needed. During labor, you should listen to your body and choose the positions for birth that are the most comfortable for you. You should be confident that by responding to what you are feeling, you will be making birth easier for both yourself and your baby.

**References**

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