

# Alternative Birthing Positions

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## Significance Statement

In laboring women delivering in the hospital, how does the lithotomy position compared to alternative birthing positions effect postpartum and/or neonatal trauma?

- P- Laboring women delivering in the hospital
- I- Positions other than the lithotomy position
- C- Lithotomy position
- O- Incidence of trauma

## Key Methodology

Research design and study purpose

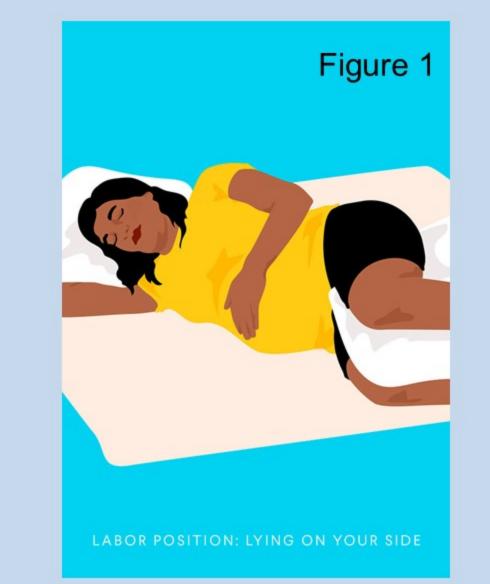
- 1. An exploratory study/randomized study that explored the perceptions of mothers and midwife's perceptions of birthing positions and perineal trauma.
- 2.Retrospective cohort study that looked at the incidence and risk factors of third- and fourth-degree perineal tears with a secondary goal to identify risk factors.
- 3. Randomized control study that looked at childbirth experience associated with maternal and paternal stress during the first year of life.
- 4. Randomized control study that explores the outcomes between the hands and knees position and the supine position while having labor.

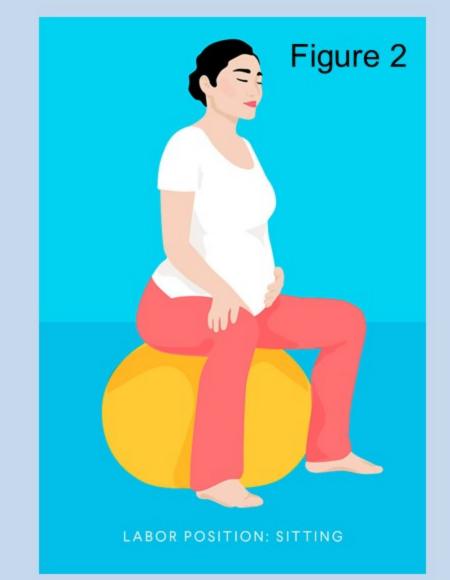
#### **Key Findings**

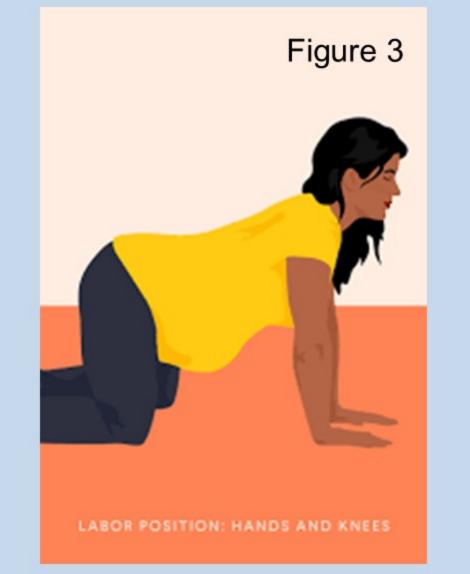
- Mothers felt that the lithotomy position was not helpful, however midwives did perceive some benefits <sup>1</sup>
- Women were willing to change and consider other birthing positions. <sup>1</sup>
- Third- and fourth-degree perineal trauma are a result of obesity, instrumental delivery and fetal weight. <sup>2</sup>
- This analysis found evidence that the hands-and-knees position during the second stage of labor had lower rates of perineal trauma.<sup>4</sup>
- Having a mother birth in a position that she is comfortable in can influence a positive birth experience.
- Research supports that if the birthing process is stressful, not only for the mother but also for the father, there is an increased risk for attachment and bonding issues. <sup>3</sup>

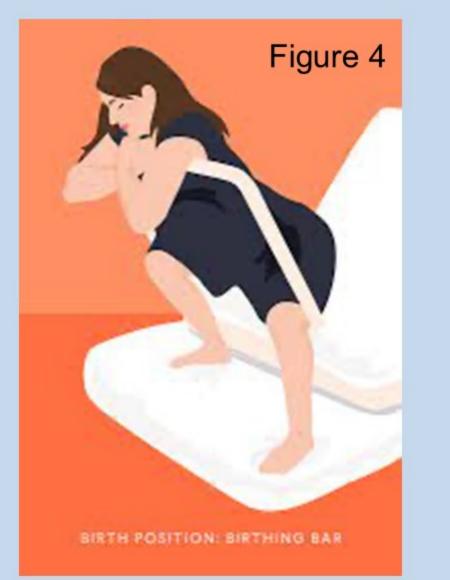
### Recommended Key Practices

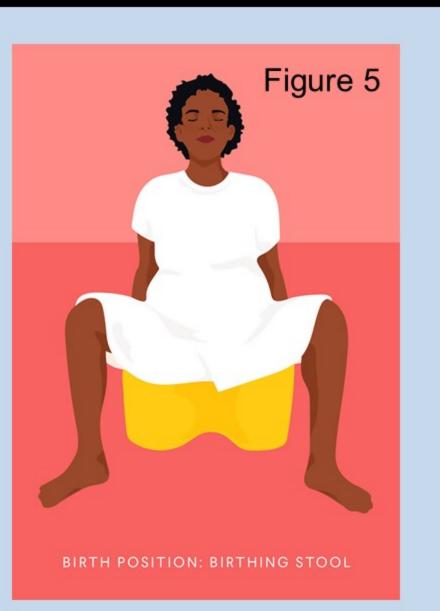
- If able, patients should use alternative birthing positions in order to decrease the risk of perineal trauma during labor. <sup>1-4</sup>
- Ensure that proper education on alternative positioning is provided to everybody on the interprofessional care team and is part of their continuous learning through biannual computerbased learning (CBL).
- Discuss patient preferences about different birthing options and what they would like to see happen during their birthing process.
- Be able to assess for appropriate use of different positions. Patients who receive epidural anesthesia do not qualify for positions that require them to hold their own weight with their legs.
- Educate patients in labor about the risks and benefits of alternative positioning and let them know the different options available.
- Educate patients on safety during alternative positioning and to alert staff of fatigue.











#### References

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Figure List
Figure 1-5. Cappetta, K. (2020). 13 Best Labor and
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