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Maternal and Child Survival Program

Alternative Birth Positions

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Introduction

One key component of implementing respectful maternity care is protecting the woman's right to assume the position of her choice during labor and birth. Evidence has shown that freedom to choose labor and birth positions impacts the woman's comfort level and the speed of progression of labor. Giving a woman the freedom to choose labor and birth positions has benefits for the woman, the baby, and the health system.

Along with other factors, a woman's lack of choice in birthing position is recognized as a barrier to some women's use of facility-based childbirth care. Building providers' competence and confidence to support a range of birth positions can help to create more client-centered maternity services that may be associated with better satisfaction and utilization of facility childbirth services.

MCSP has therefore developed this package of training materials for alternative birth positions to be used in sensitization, training, and follow-up. The materials can be used in three ways: 1) as a "standalone" training, for example, as continuing professional development; 2) integrated with basic emergency obstetric and newborn care (BEmONC) or other maternal and newborn health training; or 3) in sections, in "on-the-job/on-site" training as part of facility-based quality improvement efforts. Two hours is proposed for the complete session; however, this time may need to be extended for larger groups. The materials and job aids to support alternative birth positions include the following:

- **A session outline**, which explains the session objectives, suggested times, content, teaching methodology, and resources to be used.
- **An overview presentation**, which highlights the background, evidence, and rationale for supporting birth (and labor) in alternative positions as a key component of respectful maternity care. The presentation guides participants in skills demonstration and practice on supporting birth in alternative positions. It also provides key references and other useful resources for supporting birth (and labor) in alternative positions.
- **Role play guidance** (directions, participant roles, situation, discussion questions), which provides an opportunity for learners to appreciate the importance of good communication and respectful care when providing information and supporting women in their rights and choices in childbirth.
- **A guide** for doctors and midwives with instructions and pictures on how to facilitate birth in an all-fours ("birth in hands-knees") position. This position in particular can be challenging to support without additional practice; therefore, this guide is meant to build providers' skills and confidence. Assisting birth in other positions (sitting up, squatting, etc.) is very similar to the semi-supine position and standard guidelines should be followed.
- **A job aid** with pictures demonstrating various alternative labor and birth positions.

Session Outline: Supporting Birth in Alternative Positions

Time: 2 hours

Objectives

By the end of the session, participants will be able to:

1. Explain the rationale for supporting birth (and labor) in alternative positions as a key component of respectful maternity care
2. Practice supporting birth in an alternative position(s)

Content	Time	Methodology	Materials
Introductions (if needed)	3 minutes		
Warm-up/motivation	2 minutes	Q: Has anyone here supported a birth in an alternative position? If YES, can they briefly describe the birth? How they felt? Did the woman request it? What are the women's preferred birth positions in your community?	Note: Emphasize this is BIRTH, not labor
Review of session objectives	1 minute		Flip charts Copies of objectives
Rationale	2 minutes	Ask group to write one benefit of delivering in an alternative position; select 3 at random and discuss.	"Post-its" on flip chart
Overview of evidence	20–30 minutes	Interactive presentation	PowerPoint: Supporting Birth in Alternative Positions
Best practices in care – possible positions: Standing On hands and knees/leaning forward Squatting Sitting Lying on side	60 minutes	Skill demonstration and skill practice: Working in pairs Choice of 2 in each session to include hands/knees or kneeling in each	Laminated picture "all fours position" Job aids – pictorials 2 or 3 MamaMatalies and all materials for assisting normal birth
Role play (optional)	15 minutes	The teacher will select three learners to perform the role play with remaining participants observing and all being involved in discussion.	Role Play1 and Answer key

Content	Time	Methodology	Materials
Reflections and next steps	15 minutes	Ask group to share their reflections: what went well during practice, any challenges. Discuss how they may introduce this choice into their workplace; advocacy for choice; and the importance of positive experiences of care. Specifically, how can they overcome barriers in their facilities? Do they need any resources?	Refer to Textbox 1 for short success story from South Sudan.
Summary and share materials	2 minutes		PowerPoint handout References Pictures/illustrations
Evaluation	As leaving		Mood faces on flip chart

Textbox 1: Empowering women in South Sudan by respecting beliefs, traditions, and culture

South Sudan has high rates of home birth and only 11.5% facility-based deliveries, and with the highest maternal mortality in the world, special efforts are needed to encourage more deliveries in health care facilities. To protect the woman's right to assume the position of her choice during labor and birth in line with local customs, midwives at Yambio Primary Health Care Centre in South Sudan were trained to support a range of birth positions to create more client-centered maternity services. Post-training follow-up was provided by on-the-job training using simulations on birth models, mentorship, and coaching to give the midwives hands-on skills to support and practice alternative birth positions. As well as increasing the number of facility births, between 18% and 45% were able to choose their labor and birthing positions as a key component of Respectful Maternity Care.

World Vision South Sudan with support of USAID through Jhpiego.

References

Gizzo S, Di Gangi S, Noventa M, Bacile V, Zambon A, Nardelli GB. 2014. Women's choice of positions during labour: return to the past or a modern way to give birth? A cohort study in Italy. *Biomed Res Int*. 638093. doi: 10.1155/2014/638093. Epub 2014 May 15. http://www.ncbi.nlm.nih.gov/pubmed/24955365.

Gupta JK, Hofmeyr GJ, Shehmar M. 2012. Position in the second stage of labour for women without epidural anaesthesia. *Cochrane Database Syst Rev.* May 16;5:CD002006.

Nasir K, Korejo R, Noorani KJ. 2007. Child birth in squatting position. *J Pak Med Assoc*. 57(1):19–22. http://www.ncbi.nlm.nih.gov/pubmed/17319414.

Further reading: Sutton J, Scott P. 1996. *Understanding and Teaching Optimal Foetal Positioning*, 2nd rev ed. Tauranga, New Zealand: Birth Concepts.

Other Useful Resources

Some good sites:

http://www.cochrane.org/

http://evidencebasedbirth.com/what-is-the-evidence-for-pushing-positions/

http://www.rcmnormalbirth.org.uk/birthing-positions-in-practice/visual-aids-for-birthing-positions/

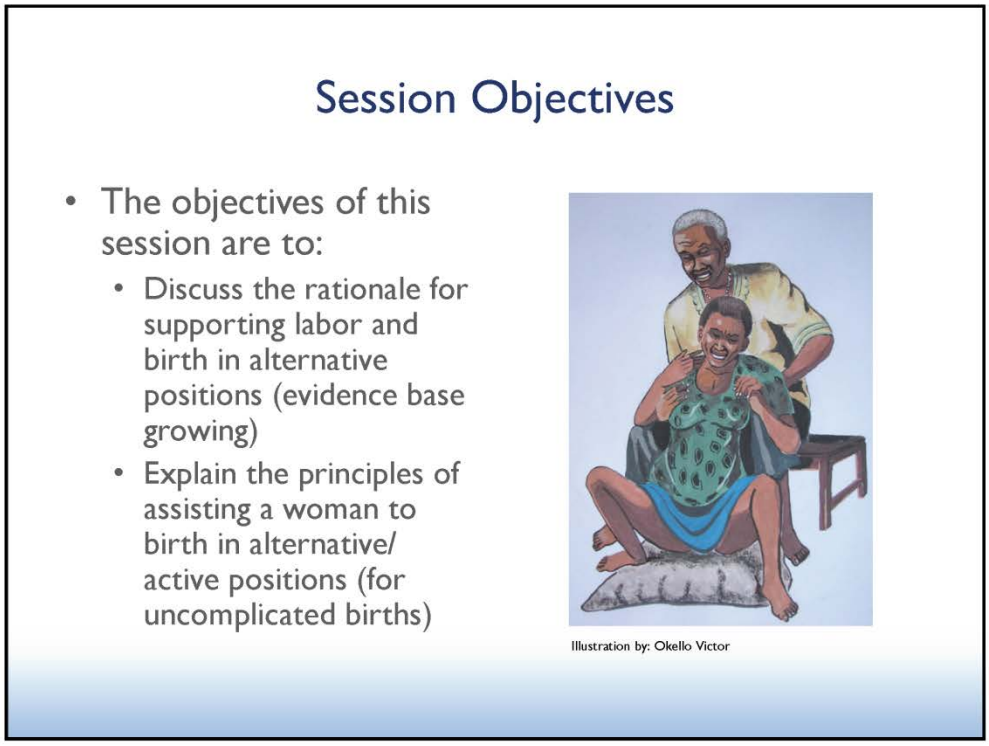
http://www.rcmnormalbirth.org.uk/practice/ten-top-tips

Video:

Global Health Media Project – Giving Good Care during Labour.

http://globalhealthmedia.org/portfolio-items/giving-good-care-during-labor/?portfolioID=5623

Presentation



"WHEN YOU WANT THE KETCHUP TO COME OUT OF THE BOTTLE, YOU DON'T LAY THE BOTTLE DOWN.

IT'S THE SAME WHEN YOU WANT THE BABY TO COME OUT OF THE MOTHER". ~Pat Schwaiger, Mountain Midwives

Why Are We Even Asking about This?

- Recent World Health Organization (WHO) review revealed **lack of respect** for women's preferred birth positions.
- Some women preferred **squatting or kneeling:**
  - Resented being made to birth in undesirable/humiliating positions
- Adopting an undesirable position made women **passive** participants in birth:
  - Restricting to lying position: A **barrier to facility care**
- Health workers in Bangladesh, Cuba, and Uganda:
  - Lack of **training** on positions other than lying down
  - **Uncomfortable** letting woman choose birth position

Restricting Ambulation and Choice of Birth Position

- Gravity is our greatest aid in giving birth, but for historical and cultural reasons we make women give birth on their backs.

ACTIVITY

- In pairs for 3 minutes:
  - Select one reason that you can think of why most women lie down to give birth.
  - What do you think are the reasons for this?

Barriers to Alternative Positions

- Recent historical precedent
- Pervasive cultural image of birth
- Ease of interventions
- Health care provider comfort and convenience
- Health care provider training
- Physical structures of labor/delivery room (e.g., overcrowded and lack of space)

Risks and Benefits of Positions Women Choose in Labor and Birth – Do You Know?

- Women who assumed a non-supine position for birth:
  - Had fewer perineal injuries,
  - Had less vulvar edema, and
  - Had less blood loss.
- Women choosing non-supine position for birth:
  - Had shorter second stages,
  - Required less pain relief medication, and
  - Had fewer abnormal fetal heart rates.

Alternative Positions

Summary Benefits: Cochrane Review

Position in the second stage of labour for women without epidural anesthesia (Gupta et al. 2012)

- Findings suggest several possible benefits for upright posture, with the possibility of increased risk of blood loss greater than 500 ml.
- Women should be encouraged to give birth in the position they find most comfortable.
- Until such time as benefits and risks of various positions are known with more certainty, women should be allowed to make informed choices about birth positions they might wish to assume for delivery.

Summary Benefits: Cochrane Review

Mothers' position during the first stage of labour

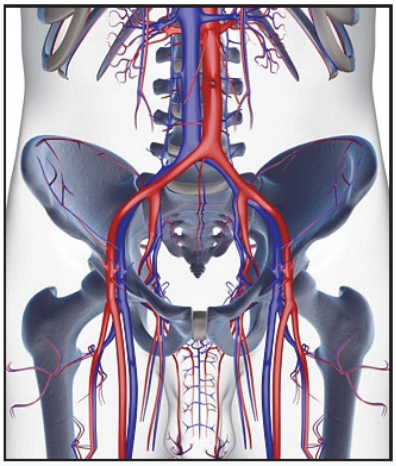
- Clear and important evidence that walking and upright positions in first stage of labor:
  - **Reduce duration of labor**
  - **Lower risk of cesarean**
  - **Decrease need for epidural**
  - **Do not seem to be associated with more intervention or negative effects on mothers' and babies' well-being**
- Based on current findings, we recommend that **women in low-risk labor be informed of benefits of upright positions, and encouraged and assisted to assume whatever positions they choose.**

It's about Choice and What Women Want

- Choice of labor and birth positions encourages a woman's sense of control and reduces need for analgesia.
- X-ray evidence shows that actual dimensions of the pelvic outlet become wider in squatting and kneeling/hands-knees positions (Gupta et al. 2012).

What about the Fetus? Intrapartum Care to Prevent Birth Asphyxia

- Supine/lithotomy: Uterus compresses vessels → reduced uterine blood flow
- May contribute to fetal hypoxia/birth asphyxia
- So, consider:
  - 1st stage labor: lying on left side, standing, walking
  - 2nd stage labor: squatting, sitting, on hands and knees



Partnership in Care

Provide maternity care that…

- Is woman-centered, empowering, and supportive
- Is evidence-based and shown to be beneficial
- Permits free communication and full expression of trust and commitment
- Ensures that all women are treated equitably
- **Offers and supports informed choices**

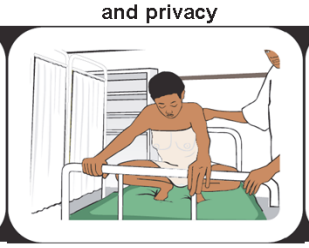
Respectful Maternal and Newborn Care

- Respect for a woman's rights, choices, and dignity
- "Does no harm"
- Promotes positive parenting and improves birth outcomes
- Culturally sensitive and valued by the woman and community
- Respect for "choice" recently endorsed by WHO within the quality of care framework

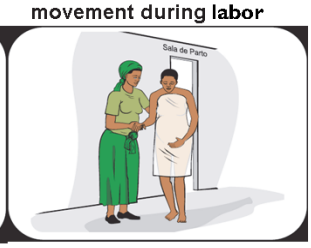
Promotion of Birthing Practices That Recognize Women's Rights, Preferences, and Needs – Example from Mozambique Ministry of Health

Respect for beliefs, traditions and culture

The right to information and privacy

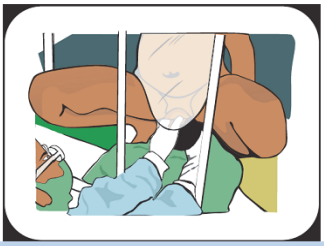


The right to have liberty of movement during labor



The right to choose and have a companion

The right to choose the position for childbirth



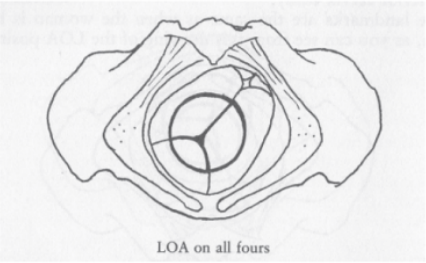
Choices for Alternative Birth Positions Include:

1. Standing
2. On hands and knees/ leaning forward
3. Squatting
4. Sitting
5. Lying on side

What's Different?

- The mechanism of labor is unchanged.
- But you need to know how the baby will come out and what you can do to facilitate a safe birth.
- Managing 3rd stage is the same and most women will adopt a supported sitting position.

Left Occipto Anterior (LOA) on "all fours"



Socio-Cultural Considerations

- Listen to the women and your community – we want them to come to the health facility.
- Talk with traditional birth attendants.
- Respect and support safe traditional practices and birthing positions.

Some Considerations in Supporting Choice of Birth Positions

- Health facilities need to plan where non-supine births should take place and ensure availability of equipment/supplies.
- Help women understand that they can use alternative positions and feel free to be mobile and try different positions during labor and birth.
- Midwives and students need to be able to gain experience in assisting births in non-supine positions.
- Monitoring and Evaluation – suggestions welcome!

Summary

- Be accountable for giving good care!
- Provide care that is **evidence-based and shown to be beneficial, including birth in alternative positions.**
- Communicate well and support women's choices.
- Explore opportunities for collaborative working and team building to improve respectful quality of care.

References

Bohren MA, Vogel JP, Hunter EC, et al. 2015. The mistreatment of women during childbirth in health facilities globally: a mixed-methods systematic review. *PLoS Med.* 12(6):e1001847. doi:10.1371/journal.pmed. 1001847.

Gizzo S, Di Gangi S, Noventa M, Bacile V, Zambon A, Nardelli GB. 2014. Women's choice of positions during labour: return to the past or a modern way to give birth? A cohort study in Italy. *Biomed Res Int.* 2014;2014:638093. Epub 2014 May 15. http://www.ncbi.nlm.nih.gov/pubmed/24955365

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Lawrence A, Lewis L, Hofmeyr GJ, Styles C. 2013. Maternal positions and mobility during first stage of labour. *Cochrane Database Syst Rev.* Oct 9;10:CD003934. doi: 10.1002/14651858.CD003934.pub4.

Nasir K, Korejo R, Noorani KJ. 2007. Child birth in squatting position. *J Pak Med Assoc.* 57(1):19–22. http://www.ncbi.nlm.nih.gov/pubmed/17319414

Soong B, Barnes M. 2005. Maternal position at midwife-attended birth and perineal trauma: is there an association? *Birth.* 32(3):164–169.

Terry RR, Westcott J, O'Shea L, Kelly F. 2006. Postpartum outcomes in supine delivery by physicians vs nonsupine delivery by midwives. *J Am Osteopath Assoc.* 106(4):199–202.

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- http://www.rcmnormalbirth.org.uk/practice/ten-top-tips

Videos:

- Global Health Media Project – Giving Good Care during Labour. http://globalhealthmedia.org/portfolio-items/giving-good-care-during-labor/?portfolioID=5623

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Role Play 1: Communicating about a Woman's Right to Adopt an Alternative Position for Birth

Directions

The teacher will select three learners to perform the following roles: a skilled provider, a woman in labor, and the woman's sister-in-law. The three learners participating in the role play should take a few minutes to read the background information provided below and to prepare for the role play. The observers in the group also should read the background information so that they can participate in the small group discussion following the role play.

The purpose of the role play is to provide an opportunity for learners to appreciate the importance of good communication and respectful care when providing information and supporting women in their rights and choices in childbirth.

Participant Roles

Rose: Rose is an experienced community midwife at the primary health care center who has good communication skills, and is supportive and kind to the women she cares for.

Jane: Jane is a 28-year-old woman; she has four living children and she is now 8 months pregnant.

Jane's sister-in-law: Jane's sister-in-law is 36 years old and a traditional birth attendant.

Situation

Jane has come to the health center with her sister-in-law for her second antenatal visit. Jane's sister-in-law helped her to deliver each of her four babies at home. Jane has been to the health center only once for antenatal care with Rose and is planning to go to the health center to give birth. She is doing well in this pregnancy and after Rose has completed her assessment she asks Jane if she has any questions. Jane mentions that she has heard that all women who deliver at the facility are forced to lie down to deliver and she considers this an uncomfortable and humiliating position. Jane explains that in her previous labors at home she walked around and her sister-in-law assisted the last birth while Jane knelt beside a low bed. She asks Rose if this will be an option at the health center—to give birth in the positions of her choice and have a companion of her choice with her? Rose explains that it is an option and there is a corner area in the delivery room with a mattress and a chair that she can use. She explains that all of the staff at the health center are committed to supporting and respecting women's choices to improve their labor and birth experiences at the facility. Rose then offers to show Jane and her sister-in-law around the maternity section.

Focus of the Role Play

The focus of the role play is the interaction among Rose, the midwife, Jane, and Jane's sister-in-law.

The midwife should:

- Have excellent interpersonal skills.
- Be friendly and reassuring that giving birth at the health center is a good plan.
- Be respectful and supportive of Jane's choice for her preferred labor and birth position as well as having a companion with her
- Assist Jane to be comforable in discussing her preferences and encourage Jane's sister-in-law to be involved in supporting her.
- Provide emotional support and demonstrate that she is a caring, sensitive midwife who wishes to work alongside women and their families to listen, advise, facilitate choice, and respond to individual needs.

Discussion Questions

The teacher should use the following questions to facilitate discussion after the role play:

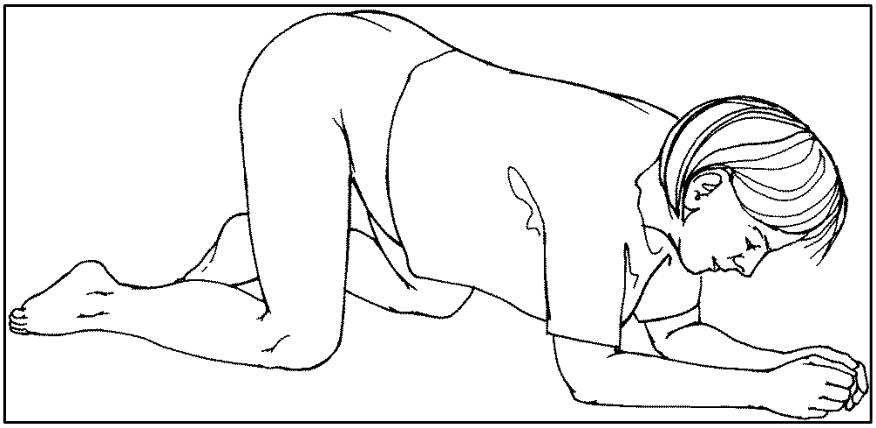
1. How did Rose, the midwife, approach Jane and her sister-in-law?
2. Did Rose give Jane and her sister-in-law enough information about her request? About the health center? About her right to choose the position she wishes? And having her companion of choice with her?
3. How did Jane and her sister-in-law respond to Rose?
4. What did Rose do to demonstrate respect for Jane's choice about her preferred birth position? Were the midwife's explanations and reassurance effective?

Discussion Questions (Answer Key)

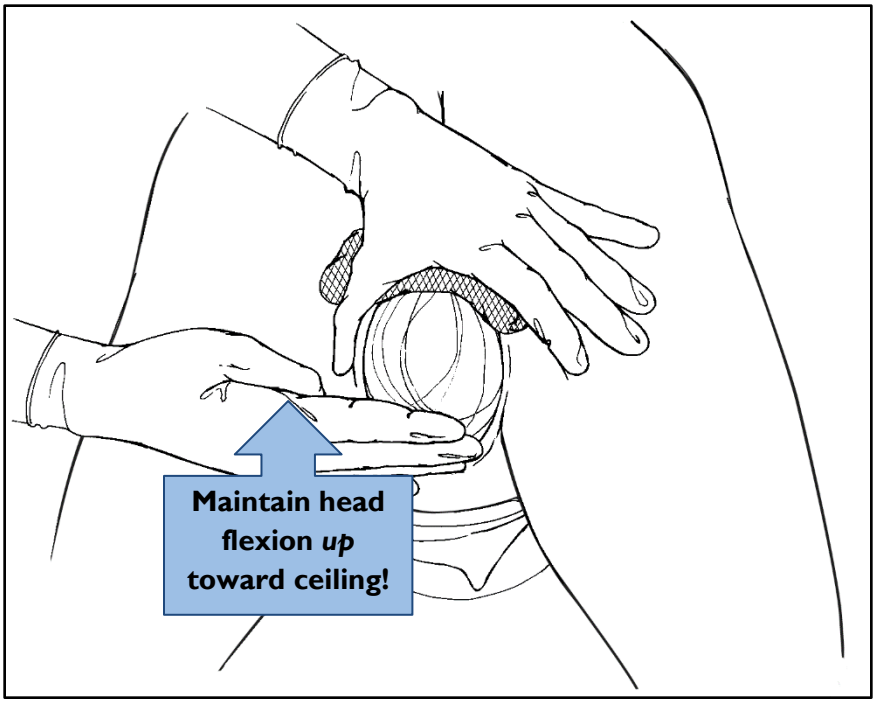
The following answers should be used by the teacher to guide the class discussion after the role play. Although these are "likely" answers, other answers provided by the learners during the discussion may be equally acceptable.

1. The midwife, Rose, should welcome Jane and her sister-in-law by name. She should speak in a calm and reassuring manner, using words that the women will easily understand. She should thank them for coming to the antenatal clinic and when the assessment is finished she should ask them if they have any questions.
2. Sufficient information should be provided about the role of the midwife and other skilled birth attendants including supportive, respectful care during labor and birth. The midwife should explain that the facility aims to meet women's choices in labor and birth, emphasizing Jane's right to receive the care that she chooses in childbirth. She should reassure Jane and her sister-in-law that as long as the labor is progressing normally, she can adopt the position in which she feels most comfortable. She should share some pictures or illustrations, as available.
3. Jane and her sister-in-law should ask questions and express concerns until Rose has provided them with enough information so that they understand the care and choices available. Rose should use locally recognized supportive, nonverbal behaviors, such as nodding and smiling, to let Jane know that she is being listened to and understood.
4. Midwife Rose should listen to the questions and concerns that Jane and her sister-in-law express. She should address each of their questions with respect, ensuring that the women fully understand the supportive care and choices that are available. Nonverbal behaviors, such as touching or squeezing Jane's hand or a look of concern, may be enormously helpful in providing emotional support and reassurance. When they visit the maternity section, Rose should show any resources and explain where Jane will give birth and how her sister-in-law can assist her.

Instructions and Pictures on How to Facilitate Birth in Hands-Knees Position

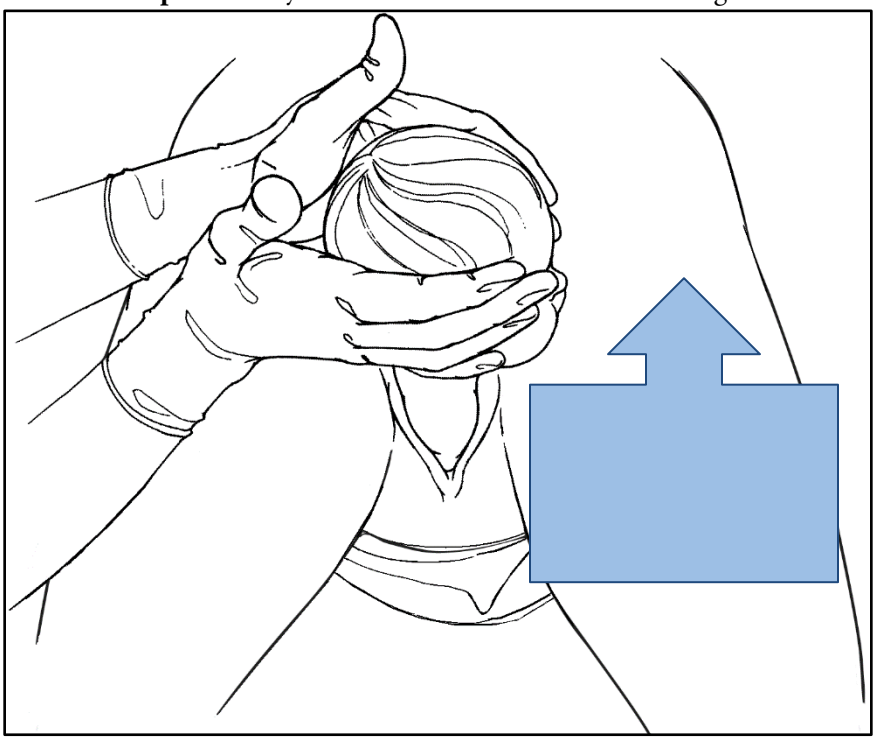


- Place a drape under the woman's abdomen instead of her buttocks (buttocks will be in the air).
- Talk to the woman continually because she cannot see your face. Explain what you are doing. Encourage and support her.
- During a contraction, the head usually advances well. Ask the woman to focus on deep breathing and to give only small pushes if she has an uncontrollable urge to push.
- Control birth of the head with fingers of one hand (**palm up**) to maintain flexion of the head **upward** (toward the maternal anus), allowing natural stretching of the perineal tissue. Wipe away any fecal material as needed with a swab/moist towel.

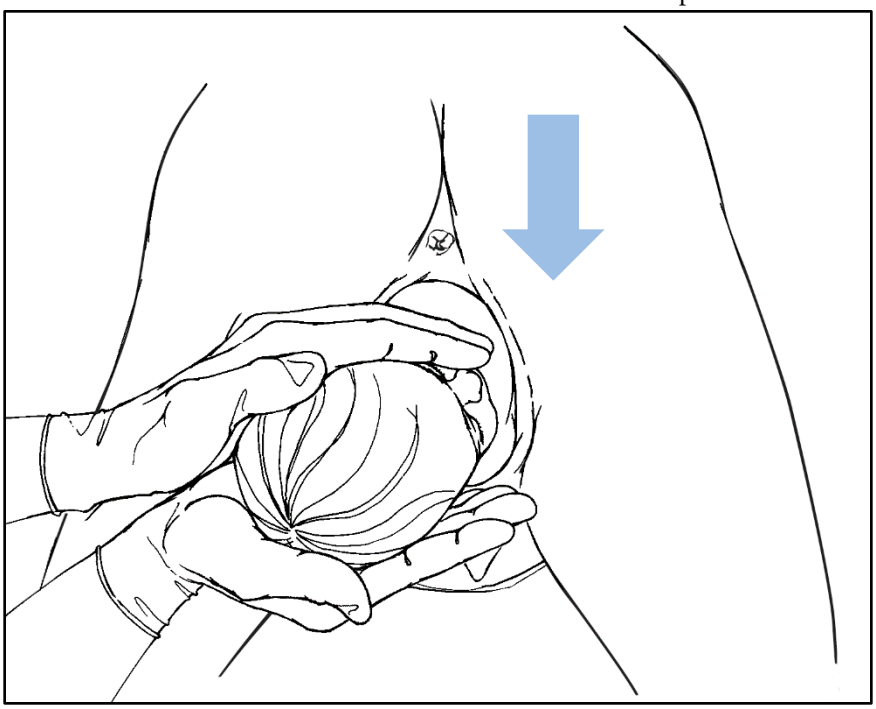


- Remember, the baby's face will be looking at the ceiling when it appears. Feel around the baby's neck for the cord and respond appropriately if the cord is present.

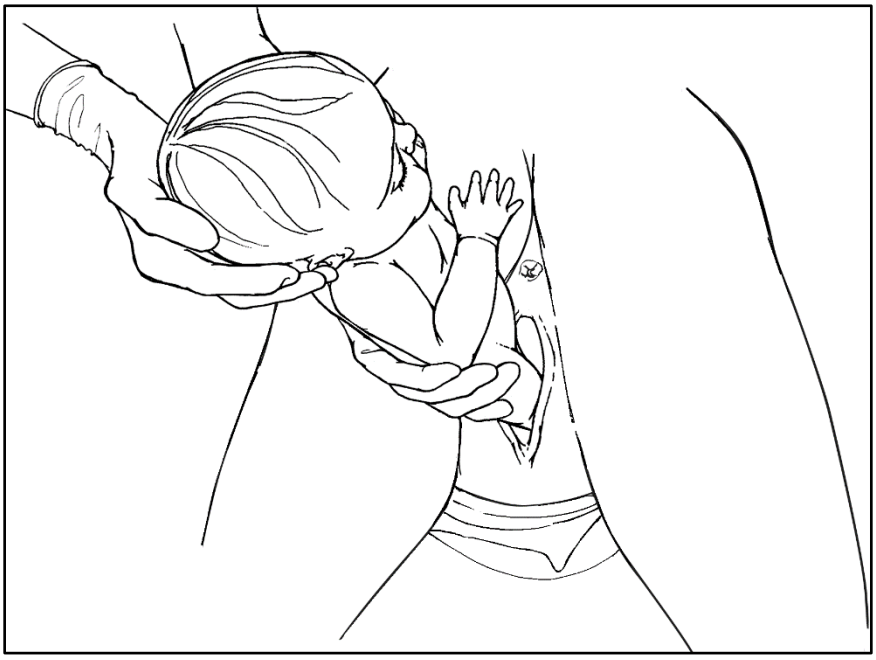
- Allow the baby's head to turn spontaneously and, with your hands on either side of the baby's head, deliver the first shoulder **upward** away from the floor and toward the ceiling.



- To deliver the second shoulder, move the baby's head in a posterior direction. When the axillary crease is seen, guide the head ***downward*** as the second shoulder is born over the perineum.

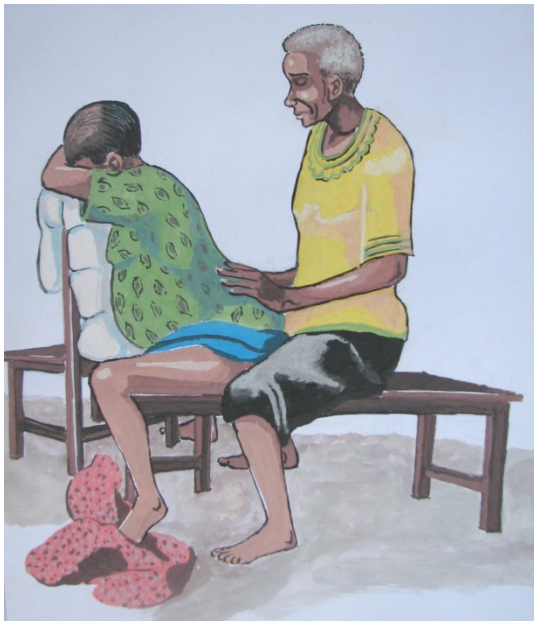


- **Support the rest of the baby's body with one hand as it slides out and wrap the baby quickly in a clean, dry towel as you check that the baby is breathing.**
- **If there is space, the mother can reach down and assist with the birth of the body toward her abdomen.**



After the infant is delivered

- **The newborn can be passed to the woman through her legs while the midwife maintains a secure hold of the baby until the mother has a firm grasp. Be careful of the umbilical cord to avoid unnecessary tension on it.**
- **The midwife can then move to face the woman and help her to sit down on a clean sheet with pillows/ her companion supporting her.**
- **Thoroughly dry the baby, remove the wet towel, cover with a clean, dry cloth, and assess breathing.**
- **Ensure that the baby is kept warm and in skin-to-skin contact on the mother's chest.**
- **Palpate the mother's abdomen to rule out the presence of additional baby(ies) and proceed with active management of the third stage and other components of routine care.**

Job Aid: Supporting Birth in Alternative Positions

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