



Evidence that Empowers!

By Rebecca Dekker, PhD, RN of EvidenceBasedBirth.com

Question: Why are upright birthing positions beneficial?

Answer: Upright positioning works with gravity and helps open the pelvis. It also provides more oxygen to the baby because you are not compressing your aorta, the body's main blood vessel. Upright birthing positions can also lead to lower pain levels, lower rates of emergency Cesareans, and more positive birth experiences (see evidencebasedbirth.com/birthingpositions for references)

However, despite these benefits, some hospital staff may encourage or coerce people into non-upright positions such as lying on your back with your feet in stirrups ("lithotomy") or lying back with the head of the bed raised up ("semi-sitting"). These positions are more convenient for healthcare workers, but they can be harmful for birthing people.

Question: How common are upright birthing positions?

Answer: Not very common! Most people who give birth vaginally in the U.S. report that they push and give birth lying on their backs (68%) or in a semi-sitting/lying position with the head of the bed raised up (23%). A small minority push and gave birth in other positions such as side-lying (3%), squatting or sitting (4%), or hands-and-knees position (1%) (Declercq et al., 2014). In contrast, when people give birth at home, they tend to instinctively choose upright positions.

Question: For people without epidurals, which birthing positions are best supported by evidence?

Answer: In a 2020 review and meta-analysis, Zang et al. combined the results of 12 randomized, controlled trials with more than 4,300 people who were assigned to either upright or lying down positions in the second stage of labor.

People randomly assigned to upright positions had:

- Less likely to have forceps or vacuum use
- Shorter time spent actively pushing
- Less likely to have severe (3rd or 4th) degree tear
- No increase in the risk of postpartum hemorrhage

When they looked at squatting or using a birth seat, this led to a higher rate of 2nd degree tears but a lower rate of episiotomy. Since tears heal easier and cause less pain than episiotomies, this is considered by most to be a good trade-off.

Question: For people with epidurals, which birthing positions are best supported by evidence?

Answer: In the United Kingdom, researchers randomly assigned > 3,200 birthing people with epidurals to side-lying or upright pushing positions (BUMPES, 2017). More people in the side-lying group had a vaginal birth without the help of vacuum or forceps (41% vs. 35%). Because this study had high rates of forceps and vacuum, the results can't be applied to everyone.

Other trials have found that the lithotomy position is quite harmful for people with epidurals. Negative effects include higher rates of Cesarean, vacuum/forceps delivery, perineal tears, and episiotomies; and longer pushing phases (Walker et al. 2012; Simarro et al. 2017).

Question: What is the bottom line?

Answer: When you're giving birth, you have the human right to push and give birth in whatever position is most comfortable for you. Evidence also supports upright birthing positions!

Healthcare workers may recommend or encourage different positions, but it is unethical for them to coerce you into specific labor or delivery positions for their own convenience. If upright birthing positions are important to you, talk with your care provider about your preferred birthing positions. Some providers may support *pushing* in upright positions, but not *delivering/birthing* in upright positions. If they do not seem 100% supportive of attending an upright *delivery*, consider switching providers. And if you are unable to switch providers, or you end up with a provider who is not supportive, bring an advocate (or two!) who can speak up and reaffirm your human right to give birth in the position of your choice.

Disclaimer & Copyright:

This information does not substitute for a care provider-patient relationship and should not be relied on as personal medical advice. Any information should not be acted upon without professional input from one's own healthcare provider. © 2022. All rights reserved. Evidence Based Birth[®] is a registered trademark. Permission is granted to reproduce this handout in print with complete credit given to the author. Handouts may be distributed freely in print but not sold. This PDF may not be posted online.

“ You should be supported to push and give birth in whatever position is most comfortable for you; upright positions have many benefits!”

1. Declercq, E. R., Sakala, C., Corry M. P., et al. (2014). "Major Survey Findings of Listening to Mothers(SM) III: Pregnancy and Birth: Report of the Third National U.S. Survey of Women's Childbearing Experiences." *J Perinat Educ* 23(1): 9-16.
2. The Epidural and Position Trial Collaborative Group (2017). "Upright versus lying down position in second stage of labour in nulliparous women with low dose epidural: BUMPES randomized controlled trial." *BMJ* 359: j4471.
3. Simarro, M., Espinosa, J. A., Salinas, C., et al. (2017). "A Prospective Randomized Trial of Postural Changes vs Passive Supine Lying during the Second Stage of Labor under Epidural Analgesia." *Med Sci (Basel)* 5(1).
4. Thies-Lagergren, L. (2013). *The Swedish Birth Seat Trial*. Published by Karolinska Institute.
4. Walker, C., Rodriguez, T., Herranz, A., et al. (2012). "Alternative model of birth to reduce the risk of assisted vaginal delivery and perineal trauma." *Int Urogynecol J* 23(9): 1249-1256.
5. Zang, Y., Lu, H., Zhao, Y., et al. (2020). "Effects of flexible sacrum positions during the second stage of labour on maternal and neonatal outcomes: A systematic review and meta-analysis." *J Clin Nurs* 29(17-18): 3154-3169.

For more information visit EvidenceBasedBirth.com/BirthingPositions or scan the QR »



/evidencebasedbirth



@ebirth