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Original Research Article

Mother's experience in alternate birth positions during second stage of labour

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ABSTRACT

Background: The main objective of our research was to study mother's experience in alternate birth positions during second stage of labour. Evidently, providing freedom to choose birthing positions positively impacts the women's comfort level and intrapartum birthing experience.

Methods: In the present study we counselled our antenatal and intranatal patients about the benefits and risks of alternate birthing positions. We enrolled 50 consecutive consenting parturients with prior vaginal delivery, who opted to adopt alternate birth position during second stage of labour. Maternal experience of birthing in alternate positions was compared to her experience in previous childbirth in dorsal position by using a standard pre-validated questionnaire using Likert scale with close ended and open-ended questions.

Results: In our study, 49/50 (98%) mothers found alternate positions helpful, 46/50 (92%) mothers reported bearing down was easier, 47/50 (94%) mothers felt they would recommend alternate birth positions to others, for 49/50 (98%) parturients progression of labour was satisfactory, 48/50 (96%) had a good birthing experience, 44/50 (88%) felt duration of labour was less than what they had expected and 46/50 (92%) parturients reported that birthing experience in alternate birth position was more comfortable as compared to their previous delivery.

Conclusions: Overall experience of delivering in alternate birth position was positive. Thus, it is clear that when women are informed and educated about their options, they are in a better position to make decisions from the available options and gain a sense of control over their healthcare with improved satisfaction and experience.

Keywords: All four, Alternate birth position, Left lateral, Lithotomy, Sitting, Squatting

INTRODUCTION

Implementation of respectful maternity care encompasses the women's right to assume the position of choice during labour and delivery.¹ Evidently, when women are given choice to decide their birthing position it has a positive impact on her comfort. It is believed that a woman's lack of choice in birthing position is a barrier to her use of facility-based childbirth care. Hence, by supporting a range of birth positions we can allow better birthing satisfaction as well as utilization of facility of childbirth services.¹

Today, more women and their families are exercising their rights to actively participate in the birth experience and believe in making it a more personal and more physiologically and psychologically advantageous experience, the time is ripe for us to encourage delivery in alternate birth position.² Interest has always been expressed in birth positions other than supine and lithotomy during second stage of labour. Non recumbent positions by promoting use of gravity and women's urge to bear down have been found to improve her labour and delivery experience. The body's natural physiological process is expedited to facilitate birth of the baby and increase mother's contentment with her birthing experience.³⁻⁶

METHODS

This observational study was conducted in the department of obstetrics and gynecology, Government Medical College and New Civil Hospital, Surat which is a tertiary care Centre in South Gujarat over a period of one year, May 2020 to April 2021 after obtaining ethical approval. Fifty consecutive consenting parturients fulfilling inclusion criteria admitted in labour room were enrolled in study.

Inclusion criteria

Multigravida with previous birthing experience in lithotomy position, singleton pregnancy, cephalic presentation, full term pregnancy, low risk pregnancy.

Exclusion criteria

Primigravida, multifetal pregnancy, non-cephalic presentation, preterm pregnancy, high risk pregnancy, pregnancy with singleton cephalic pregnancy who were not consenting for inclusion.

Maternal positions were considered as follows: (a) recumbent position: The lady lying on her back, which was not included as alternate birthing position; (b) upright position: the woman in an upright position standing by herself or against a support; (c) squatting position: the patient crouching during contraction and then recuperating during relaxation; (d) sitting position: the lady sitting on a bed, on a chair or on a ball; (e) all four position: the lady is kneeling and bent forward in order to support her weight with the arms.

The alternate birthing positions were further grouped as: (1) upright position = squatting or sitting and (2) horizontal position = left lateral or all fours.

Adoption of alternate birth during second stage of labour according to individual parturient's preference was encouraged and delivery was managed according to established departmental protocols. V-drapes with measurement scales were used for measurement of blood loss during the second and third stage of labour after the measurement scales in these V-drapes had been pre-calibrated using a standardized measuring jar.

Maternal experience of birthing in alternate positions was compared to her experience in previous childbirth in dorsal position by using a standard pre-validated questionnaire using Likert scale with close ended and open-ended questions.

RESULTS

Fifty consenting multigravidas were encouraged to adopt alternate birth positions for their delivery after they had consented to adopt the same. Mother's experience was noted and analysed.

Table 1: Response of parturients.

Response of parturient	No. of participants (n=50)	Percentage
Labour progressed well		
Yes	49	98
No	0	0
Neutral	1	2
Alternate position was helpful		
Yes	49	98
No	0	0
Neutral	1	2
Birthing experience was good		
Yes	48	96
No	0	0
Neutral	2	4
Would recommend to others		
Yes	47	94
No	0	0
Neutral	3	6
Bearing down was easier		
Yes	46	92
No	2	4
Neutral	2	4
Duration of labour was less than expected		
Yes	44	88
No	3	6
Neutral	3	6
More comfortable as compared to previous childbirth experience		
Yes	46	92
No	0	0
Neutral	4	8

We had familiarized all labouring women coming to our labour room with the concept of alternate birth positions. Alternate birth positions according to individual preferences were encouraged and child birth was managed. We were able to gather labouring mother's experience in a standard pre-validated questionnaire in patient's language with open and close ended questions. We had kept the questionnaire simple and easy to understand as the majority patients delivering in our institute belonged to lower or middle socioeconomic status and had average educational status. The questionnaire consisted of seven predefined questions and the labouring women had to answer them in form of "yes", "no" or "neutral" as per their individual preference and experience. They could also express their perspective in their own words.

Overall experience of delivering in alternate birth position was "positive". Thus, it is clear that when women are informed and educated about their options, they are in a better position to make decisions from the available options and gain a sense of control over their healthcare with improved satisfaction and outcomes.

Table 2: Distribution of maternal experience in different birthing positions.

Maternal experience	Squatting (n=16)	Left lateral (n=23)	All fours (n=6)	Sitting (n=5)
Good progression of labour (n=49)	15	23	6	5
Helpful (n=49)	15	23	6	5
Good experience (n=48)	15	23	6	4
Recommend to others (n=47)	15	22	6	4
Bearing down easier (n=46)	15	21	6	4
Decreased duration (n=44)	14	21	5	4
Increased comfort (n=46)	16	21	4	5

Majority women in our study adopted left lateral, squatting positions and they had a positive birthing experience in view of positive response to most of the questions.

Table 3: Distribution of maternal experience with respect to perineal tears.

Maternal experience	Perineal tear (n=11)
Good progression of labour	11
Helpful	10
Good experience	11
Recommend to others	10
Bearing down easier	9
Decreased duration	7
Increased comfort	9

Here, one participant who was in squatting position and had a first-degree perineal tear, did not find her birthing position helpful. Also, another participant in squatting position with first degree perineal tear would not recommend her position to others. Two parturients who had adopted squatting and sitting position and had a first-degree perineal tear, were not of the opinion of easier bear down. Decrease in duration of labour was not reported by 4 parturients, three of them had first degree perineal tear in positions- squatting, sitting and all fours, while 1 parturient had a second-degree perineal tear in squatting position. Moreover, two of the labouring mothers in all four position had a second-degree perineal tear who had gone for all four position. Predominantly, perineal tears did not affect the positive birthing experience of the mother's delivery in alternate birth position.

DISCUSSION

In the present study, we had encouraged the labouring women coming to our labour to make an informed decision regarding the birthing position they choose to deliver comfortably.

Majority women chose to deliver in left lateral position, followed by squatting, followed by all fours and sitting positions.

On noting their experience in form of a questionnaire, majority felt that in alternate birth position: "labour

progressed well", "alternate birthing position was useful", "birthing experience was good", "would recommend to others", "bearing down was easier", "duration of labour was less than expected", "more comfortable than previous childbirth experience".

Though some were neutral about their feelings towards the experience.

Altogether most had a "positive birthing experience".

Some of these views and experiences shared by our patients are as below:

"I did not receive any information about the alternate positions for delivery in my previous pregnancy. For me delivery was always supposed to occur while lying on the back, this concept is, modernistic for me and my family members".

"For my first baby, I delivered in lithotomy position but with introduction of alternate birth position to me, delivery felt less tiresome, it was quick, I did not spend more hours".

"I would recommend delivery in alternate birth positions to other antenatal women in my society and neighbourhood".

Furthermore, considering the experience in individual positions, the satisfaction with left lateral position was more for most of them and it was preferred during increased pains by reflex. This was followed by squatting position, which was accepted probably because our participants were accustomed to using Indian toilets. Some participants opted for all fours and sitting, the concept of which was quite new to them.

Moreover, the perineal tears did not affect the perception of pain or their birthing experience labouring mothers in alternate birth position.

The key aspect is providing information to educate the pregnant woman and their families about labour and the delivery process. Families can be educated as they approach the childbirth process so that an informed decision can be made. It is also suggested that the

labouring woman be given information about all positions and then she selects the position suitable to her voluntarily.^{7,8}

One study on maternal pain perception and behaviour during delivery was comparable with Nilsen et al, major benefit being least amount of maternal pain during delivery in alternate birth position.⁹ The lateral position as per studies conducted by Elvander et al, Meyvis et al, Schirmer et al, had the best birthing experience which is comparable to our study.¹⁰⁻¹² Here, women were best able to control their fear and nervousness towards childbirth and delivery. Other alternative birth position study done by De Jonge et al, Suto et al, like our study also suggested increased maternal comfort and shorter duration of labour while conducting delivery in alternate birth position.^{13,14} However, gaps in literature limit the number of significant results found regarding alternate labour positions.

CONCLUSION

There is definitive advantage of alternate birth positions in terms of promoting more efficient and more comforting child birth. The main obstruction however seems to be resistance by physician of changing the conventional methods of delivery and childbirth. There is a surge of interest in this area of obstetrics in the present decade. It should be remembered that although there is advancement in technology, the woman and her family must remain at the centre of attention and their choice of birthing position should be of paramount importance. It can be even said that routine use of supine position can be considered as an intervention in the normal course of labour.

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