



Evidence that Empowers!

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Question: How could upright birthing positions benefit mothers and babies?

Answer: Upright positioning works with gravity, helps widen the pelvis, and provides a better oxygen supply to the baby because the mother is not laying on her aorta, the body's main blood vessel (Gupta et al., 2017). Upright birthing positions also leads to higher satisfaction and more positive birth experiences (Thies-Lagergren, 2013).

Question: How common are upright birthing positions?

Answer: Most people who give birth vaginally in the U.S. report that they pushed and gave 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 pushed 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).

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

Answer: In 2017 Cochrane review and meta-analysis, Gupta et al. combined the results of 32 randomized, controlled trials that included more than 9,000 people in hospital settings. In comparison with non-upright positions, people who were randomly assigned to upright positions in the second stage of labor were:

- 25% less likely to have a forceps or vacuum-assisted birth
- 25% less likely to have an episiotomy
- 54% less likely to have abnormal fetal heart rate patterns
- The second-degree tear rate was 15.3% for people in upright positions vs. 12.7% for those in supine positions*
- The risk of postpartum blood loss was 6.5% for people in upright positions vs. 4.4% for those in supine positions
- Three out of four trials found a decrease in pain with upright positions

*A higher rate of second degree tears in exchange for a lower rate of episiotomy may be an acceptable trade-off for some people.

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

Answer: A 2017 Cochrane review combined multiple studies on birthing positions among people with epidurals (Kibuka & Thornton, 2017). Being upright during the second stage of labor made no difference in the rate of Cesareans, forceps/vacuum-assisted births, or the length of the pushing stage. There was also no difference in genital tract trauma requiring stitches, abnormal fetal heart rate patterns, low cord pH, or NICU admissions.

One randomized trial that has not yet been included in the Cochrane review found that the use of a U-shaped birth seat (BirthRite) may shorten the length of the second stage of labor, decrease the chance of needing artificial oxytocin, and lead to fewer episiotomies and greater satisfaction. These benefits must be balanced against a risk of more postpartum blood loss; however, an increase in blood loss did not lead to worse health outcomes for the people in this study (Thies-Lagergren, 2013).

Question: What is the bottom line?

Answer: The evidence is not strong enough at this point to recommend one birthing position over another. However, flexible sacrum positions—those where you don't put your weight on your tailbone—appear to be more helpful to normal vaginal birth.

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“ People should be supported to push and give birth in whatever position is most comfortable for them.”

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. Gupta, J. K., Sood, A., Hofmeyr, G. J., et al. (2017). "Position in the second stage of labour for women without epidural anaesthesia." *Cochrane Database Syst Rev* 5: CD002006.
3. Kibuka, M. and Thornton, J. G. (2017). "Position in the second stage of labour for women with epidural anaesthesia." *Cochrane Database Syst Rev* 2: CD008070.
4. Thies-Lagergren, L. (2013). *The Swedish Birth Seat Trial*. Published by Karolinska Institute. Printed by US-AB digitaltryck.