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Marissa Giovinazzo

West Chester University of Pennsylvania

Elaine Panelli

West Chester University of Pennsylvania

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The Effectiveness of Varying Birthing Positions in Laboring Women

Marissa Giovinazzo & Elaine Panelli, West Chester University



What We Learned

This literature review was completed as a requirement for an undergraduate research class. Findings prove vertical and alternative labor positions are more effective than horizontal positions. These findings may be implemented in practice to improve maternal and newborn outcomes.

Background

An analysis of research demonstrates alternative and vertical labor positions result in decreased maternal pain, increased fetal well-being, reduced duration of labor, and less pharmacological intervention.

Purpose & Aims

- Explore the influence of varying labor and delivery positions on factors related to birth to reduce maternal-newborn complications.
- Hospitals may be able to reduce complications during pregnancy and enhance maternal-newborn outcomes through utilizing alternative, vertical labor positions. However, horizontal positions continue to be the standard.

Sample

- Four Journal articles
 - 3 Nursing Journals
 - 1 Medical Journal
- 3 of the studies took place outside of the US

Methods

- Searched on CINAHL
 - primary source research journals
 - Key terms searched for: “labor positions and maternal pain” & “birthing positions and maternal pain”
 - 2009-2015.

Results



Maternal Pain

- Upright positioned mothers in labor reported an average pain of 5.67 while supine mothers reported a pain of 7.15 using a 0-10 scale
(Chang, Chou, Kuo, Lin, Lin, & Lin, 2011)

Fetal Wellbeing

- At 1 minute of life, 74% of newborns born in an upright position had an APGAR score of 9 or higher, while only 51% born in lithotomy scored a 9 or higher.
(Ganapathy, 2012)

Reduced Duration of Labor

- In vertical positions, there was an average labor time of 34.4 minutes, compared to 84.4 minutes in a horizontal position.
(Bacile, Gangi, Gizzo, Nardelli, Noventa, & Zambon, 2014)

Decreased Medical Interventions

- 87.1% of women in vertical positions delivered without medical intervention, while only 47.8 women delivered without intervention horizontally.
(Bacile, Gangi, Gizzo, Nardelli, Noventa, & Zambon, 2014)

Discussion

- Nursing application in clinical settings may allow these evidence-based findings to reach the bedside.
- Educating mothers on various labor positions and providing options may improve maternal-newborn outcomes.
- Exploring hospital policy on labor and delivery, as well as other birthing facilities, will facilitate patient advocacy.

Next Steps

- Areas for further research include:
 - The influence of vertical and alternative labor positions on practitioners
 - Hospital resources for non-horizontal births
 - Review of hospital policy

Limitations

- Limitations of this literature review include:
 - Studies used are regional, may not apply widely
 - Studied age and gravida of mothers
 - Maternal preference explores in one study only

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