Labor Positioning for Maternal Comfort
Merilee Stelling & Chelsea Courcy

Picot Question:
In laboring women, is changing the birthing position more effective for maternal comfort compared to that of the traditional lithotomy position during the course of labor and delivery?

Interventions:
• Encourage clients to assume the hands and knee position maximizing the dimensions of the pelvis, heightening relaxation and providing the opportunity to rest more effectively between contractions. (DiFranco et al, 2007)
• Encourage laboring patients to assume alternate positions over the lithotomy position to decrease stress to the maternal cardiovascular system, and increase circulating oxygen. (Osborne, 2014)
• Position patient in lateral position to decrease the likelihood of perineal trauma such as laceration or episiotomy. (Meyvis, 2012)
• Encourage patient to follow body’s urge to push, instead of bearing down forcefully preventing damage to perineal area and maximizing comfort. (DiFranco et al, 2007)

Case Study #1: A 28 year old gravida 2 presents to the labor and delivery unit in the active phase of the first stage of labor. She explains to the nurse that she delivered her first child in the traditional lithotomy position without the help of chemical barriers (epidural, narcotic pain medications). She asks the nurse about different tools that can be used, and alternative positions that can help with a more comfortable labor and delivery experience. Throughout the active phase the client chooses the aid of a birthing ball, and later in the transitional phase opts to deliver in the hands and knees position.

Case Study #2: A 25 year old primigravida female is nearing the second stage of labor, which begins with complete dilation and effacement of the cervix and ends with the birth of the baby. As the patient is being prepared for the traditional lithotomy birthing position, she asks the nurse if there are any other positions that can decrease the likelihood of her having a perineal trauma, such as a tear or episiotomy. The nurse explains that the side lying (lateral) position and hands and knee position, along with following the body’s natural urge to push may help facilitate a successful delivery while keeping the perineum intact.

Results:
Case Study #1: The patient delivers a perfectly healthy newborn, and reports significantly less pain than that of her first birth in the lithotomy position. Since the patient used no chemical barriers she was able to actively participate in the delivery process, and the care of the newborn afterwards.

Case Study #2: The patient quickly follows her body’s impulse to move into the hands and knee position and allows for her body to naturally deliver the baby without any forceful pushing or bearing down. No complications arose from the modification of positioning and pushing techniques. The outcome resulted in a healthy mother with little to no perineal trauma along with a healthy newborn.

References


