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RESEARCH ARTICLE

WOMEN'S CHOICE OF POSITIONS DURING LABOUR- AN ANCIENT TOUCH TO TODAY'S MODERN OBSTETRIC PRACTICE

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Abstract

Introduction: Childbirth medicalization has reduced the parturient's opportunity to labour and deliver in spontaneous position, constricting her to assume the recumbent one. Aims and objectives: the aim of this study was to educate the pregnant women who are not in labour about the alternative positions of labour and take their desired position of delivery.

Material And Methods: This Study Was Conducted In Pravara Hospital In Multiparous Ante Natal Women Of 300 By Showing Them The Images Of Different Birthing Positions And Taking Their Input In Which They Desire To Labour.

Results: Results Of The Study Are Summarised In Form Of Percentages Of Women Willing To Deliver In Different Positions.

Conclusion: Counselling Women For Alternative Maternal Positioning May Positively Influence Labour Process Reducing Maternal Pain, Operative Vaginal Delivery, Caesarean Section And Episiotomy Rate.

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Introduction:-

Childbirth medicalization has reduced the parturient's opportunity to labour and deliver in spontaneous position, constricting her to assume the recumbent one.

In modern obstetrics, the parturient receives fewer opportunities to deliver in a preferred position.

A satisfying childbirth experience is influenced by women's self-control, labour pain perception, expectations and health care support.

We, the obstetricians restrict our attention only towards intrapartum maternal and fetal well being.

Various alternate birthing positions are practised off lately, vertical positions potentially reduce aortocaval compression, make uterine contractions effective and favour better fetal alignment in the birth canal and increase pelvic outlet diameters, reducing the need for episiotomies and caesarean delivery.

What Is Known?

The second stage of labour is the most stressful part of childbirth both for the women and obstetricians. Management of the second stage of labour is the key responsibility.

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Certain maternal positions during the second stage of labour have potential benefits in promoting optimal maternal and neonatal outcomes .

What Is New?

Upright and lateral positions may have more potential benefits in improving maternal and neonatal outcomes and dealing with certain obstetric complications.

Certain upright positions such as squatting and sitting positions ,may correlate with less perineal trauma.

Lithotomy and supine positions should be avoided for possible risk of severe perineal trauma ,aortal compression, comparatively longer labor , greater pain and more fetal heart rate patterns.

Aims and Objectives:-

The aim of this study was to educate the pregnant women during antenatal period about the alternative birthing positions and take their input/choice on desired position for delivery.

Material and Methods:-

A short study was conducted in Pravara Rural Hospital , Loni which is a tertiary care teaching hospital in Central India.

In this study 300 multiparous women in antenatal OPD were shown images of different birthing positions and were explained about the pros and cons of each position and their input on desired position of labor was noted.

Inclusion Criteria

1. Full term pregnancy (37-40 weeks gestation age)
2. Multipara with previous history of vaginal delivery in lying down supine position.

Exclusion Criteria

1. Malpresentation of fetus
2. Previous uterine scar
3. Antepartum haemorrhage
4. Multifetal pregnancy.

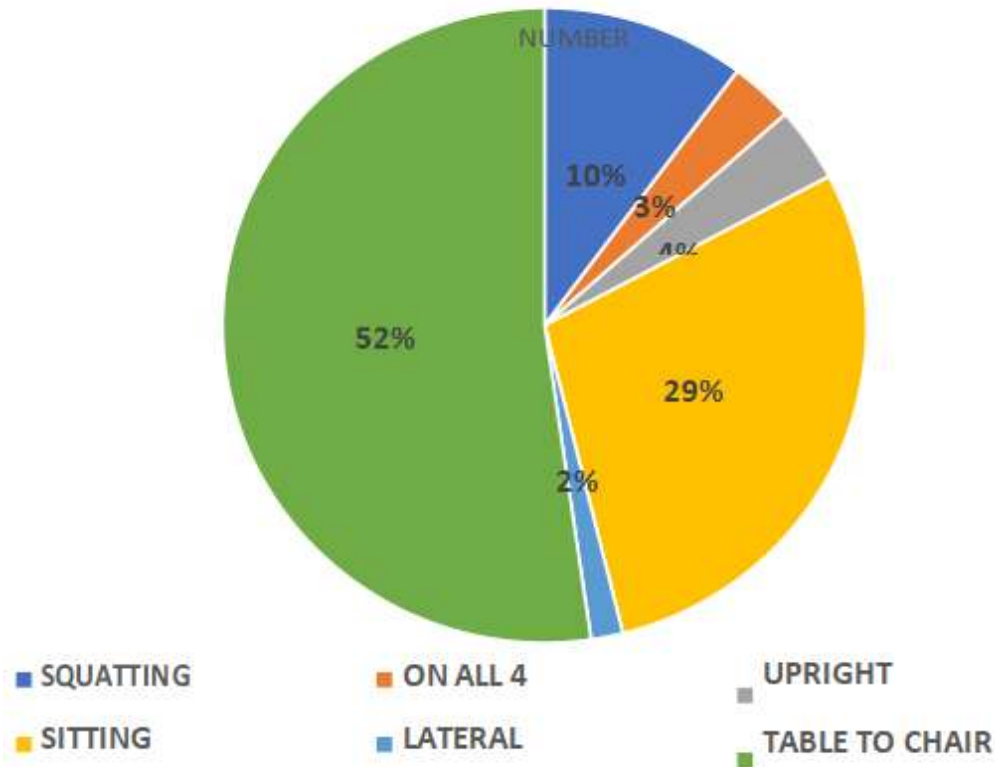
Results:-

Out of 312 women's studied:





POSITION	NUMBER OF WOMEN WILLING TO DELIVER
SQUATTING WITH BAR SUPPORT	32 (10.2%)
ON ALL FOUR LIMBS/PRONE POSITION	10 (3.2%)
UPRIGHT POSITION/STANDING	12 (3.8%)
SITTING (BIRTHING CHAIR DELIVERY)	90 (28.8)
LATERAL POSITION	5 (1.6%)
SEMI-RECUMBANT ON LABOUR TABLE	163 (52.2%)



Discussion:-

In our tertiary care teaching hospital, we have delivered more than 1000 multiparous women in positions other than supine or lithotomy position.

We have seen a decrease in episiotomy rates or the need for caesarean delivery in choosing different birthing positions. Satisfaction rates of the mothers were also high compared to previous supine or lithotomy delivery.

There were little difficulties in conducting the delivery and monitoring fetal heart rate initially but we could overcome these difficulties over a period of time.

The main aim of this study was to assess the choice of birthing position and educate rural women about the different available positions of labour, taking their input on desired position of labour and prepare them for the selected position once they come in labour for delivery.

Women were enthusiastic and were keen in listening about different birthing positions and were already welcoming their child in alternative positions of labour.

Conclusion:-

1. A satisfying childbirth experience is influenced by women's self-control, labour pain perception, expectations, and health care support.
2. The possibility to change the position in labour might positively influence childbirth experience and also good course and outcome of labour.
3. Several advantages have been claimed for non-recumbent labour, thanks to "gravity effect" on uterine perfusion, on contraction effectiveness, on fetal alignment to pelvic angles and diameters.
4. Nevertheless, several studies reported that when non-pharmacological measures of pain relief are provided and position of choice is allowed, labouring women are benefited from a shorter labour length, lesser need for augmentation, and experience less pain, reaching childbirth with strong motivation.
5. This study was to counsel the full-term pregnant women about different available birthing positions and see their preparedness in choosing them.

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