

[M]OTHERBOARD RESOURCES

BIRTH POSITIONS



You should be free to give birth however you feel most comfortable and make the most progress, as long as your baby's heart beat shows they're ok with that position.

Remember that small heart decelerations (dips) are normal during pushing. Your baby is getting squeezed on the way out. The important thing is that their heart rate recovers after each push. Supportive care providers can help you get into different positions for pushing, even with an epidural! If upright birth is important to you, talk to your midwife or doctor prenatally to understand their beliefs.



Feel stuck? Try changing positions!

UPRIGHT, STANDING

You can either be supported from behind or can lean over something like a raised hospital bed.

SQUATTING

You can squat on your own, with someone supporting you from behind, or use a squat bar. A squat bar is a curved bar that fits into the hospital bed that you can hang off of. Squatting opens up your pelvis and uses gravity, which is great! In many developed countries people don't squat much in everyday life. As a result squatting can sometimes be tiring and hard on your joints, so a supported squat can be a good option.

SEATED

Sitting on the toilet can help you progress because you know how to relax your pelvic floor muscles and push on the toilet. You do it every day! Some people find it easier to push on the toilet or on a specially-made birth stool. Birth stools are like toilets with the fronts cut off so you don't run the risk of baby falling in the water. One thing to consider: While progress is good on the stool, it can cause more tearing because you are putting extra pressure and stretching on sensitive tissues. Birth stools can be wonderful tools depending on the circumstance. Ask your provider or place of birth if they have birth stools or would be willing to let you bring one in.

HANDS AND KNEES/KNEELING

This position is good since you are upright and not completely supported by your legs as with a squat. You can either be completely on hands and knees or you can lean over something like the side of a birth pool or the upright back of a hospital bed. This position is great for reducing tearing.

SIDE-LYING

Of the "laying down" positions this one works better because you are not compressing your sacrum (lowest part of your back) and narrowing your pelvic outlet. Then you can grab behind your knees as you push. This position is possible even with an epidural. It does not utilize gravity as much as some of the above positions but is also great for reducing tearing.

FLAT ON BACK (ALSO CALLED "LITHOTOMY")

While it is the least upright position, it is still a variation to try when bringing baby down. To minimize compression of the sacrum and inferior vena cava, place a rolled up hand towel under one buttock to tip you off your sacrum to open your pelvis. This is often the preferred position for a lot of care providers and is required if you need to have a forceps or vacuum assisted birth.

NEED MORE "POWER?"

Try playing "tug of war" with someone using a sheet or rebozo/scarf. It helps direct your energy downwards.

