



Research Paper

Review On Alternative Birthing Positions

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Abstract: The traditional lithotomy position, where a woman gives birth lying on her back, has been the standard in many clinical settings. However, alternative birthing positions—such as squatting, kneeling, side-lying, and hands-and-knees—are gaining attention for their potential benefits in improving maternal comfort, labor outcomes, and facilitating the birthing process. Birthing positions refer to various postures which can be assumed at the time of delivery by a pregnant woman. Delivering a baby is a lot of hard work and a little uncomfortable too. However, the position in which the patient delivers has a lot of impact on the ease of delivery. Certain positions can make the process of birthing easier during labor. There are a variety of good birthing positions which a patient can be in when it's time to push, and it does not necessarily always be the supine position. This review aims to explore various alternative birthing positions, their physiological advantages, evidence from clinical studies, and implications for obstetric care.

Keywords: Lithotomy Position, Birthing positions, Labor, Supine position, Obstetric

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I. Introduction

Childbirth is a profound physiological and emotional experience that varies for every woman. Over the years, modern obstetric practices have heavily relied on the supine (lying on the back) or lithotomy (legs raised and supported in stirrups) position during labor and delivery. While these positions provide easier access for healthcare providers, they may not be the most beneficial for the laboring woman or her baby. Research and clinical evidence suggest that many of these positions can offer several advantages. Upright and forward-leaning positions utilize gravity to aid the descent of the fetus, can improve the alignment of the baby in the birth canal, and may lead to shorter and less painful labor. They also help increase pelvic dimensions, reduce pressure on major blood vessels (such as the inferior vena cava), and enhance maternal comfort and mobility. Women in alternative positions may also feel more in control, less restricted, and more actively involved in the birthing process, contributing to higher satisfaction with their childbirth experience. Additionally, these positions are associated with reduced rates of assisted vaginal deliveries, fewer episiotomies, and in some cases, lower risk of fetal distress. Despite the proven benefits, alternative birthing positions remain underutilized in many clinical settings due to traditional practices, lack of awareness, or insufficient support from healthcare providers. Therefore, it is essential that nurses, midwives, and childbirth educators empower women with knowledge about different birthing options and encourage freedom of movement during labor.

Benefits of Alternative Positions

- **Improved Uterine Perfusion and Fetal Oxygenation:**
Upright positions avoid compression of major blood vessels, potentially improving placental blood flow.
- **Shorter Labor Duration:**
Upright positions may decrease the duration of the first and second stages of labor.
- **Lower Rates of Interventions:**
Studies suggest fewer episiotomies, reduced need for forceps/vacuum extraction, and decreased caesarean rates.
- **Enhanced Maternal Satisfaction:**

Women report feeling more in control and less pain during labor and delivery.

- Several advantages accrue to alternative positions by avoiding the problems inherent in the dorsal supine position. Consider trying to pass a bowel movement while lying on your back with your feet in stirrups. The key element here is the loss of the assistance of gravity. This is even more critical for birthing, since the curved birth canal actually ends by turning upwards rather than downwards when the woman is supine.

Common Alternative Birthing Positions

1. **Squatting**
 - Utilizes gravity to assist fetal descent.
 - Increases pelvic diameter, facilitating easier passage.
 - Can reduce the need for assisted delivery.
2. **Hands-and-Knees**
 - Reduces pressure on the perineum.
 - May help rotate a posterior baby to anterior.
 - Can relieve back pain during labor.
3. **Side-Lying (Lateral Position)**
 - Ideal for women under epidural anaesthesia.
 - Reduces strain and provides rest.
 - May decrease the risk of perineal tears.
4. **Kneeling or Upright Supported Positions**
 - Promotes better alignment of the fetus with the birth canal.
 - May shorten second stage of labor.
 - Improves maternal comfort and autonomy.

BIRTHING POSITIONS

BIRTHING BAR



A birthing bar is an attachment that can be added to most labor beds to help facilitate a squatting position. The squatting position helps to expand the size of your pelvis, and uses gravity to promote the downward movement of your baby. When using the bar, the foot of the bed can be dropped, and the head of the bed raised high. Between contractions, you can sit, supported by the head of the bed, and then during contractions, move forward to squat, supported by the bar.

There is an alternative way to use the birthing bar. The vertical supports of the bar are used to rest the feet, and a sheet or towel is looped over the top of the bar. During the contractions, the mother will grasp and pull back on the sheet as you push downward. This alternative might be helpful if the mother is too short to be comfortably supported by the bar in the squatting position or if she had an epidural and her legs are too numb to safely support in a squatting position.



BIRTHING STOOL

A birthing stool can help to push in a very familiar position: the position we used to using for having a bowel movement. Additionally, the low height of the stool flexes the legs and expands the size of the pelvis, and the upright position helps to use gravity to promote the downward movement of the baby.

The mother would push in the position shown, and then between contractions can lean backward to rest supported by her partner



KNEELING

While pushing or giving birth on the knees may be used by any birthing person, it may be especially effective if she have had back pain during labor, as it helps to encourage movement of the baby. During the contraction, she flex her hips and lower her buttocks slightly as she push. Between contractions, she can drape herself over the head of the bed to rest and relax. She may try this position on her hands and knees, but, as her wrists may quickly become tired of supporting her body, she may find it easier to rest on her forearms as illustrated by this birthing parent.



SEMI-SEATED, WITH SUPPORT

This position is not as effective in opening the pelvis as the upright positions illustrated above, but is probably the most common position used for the actual birth of baby - not necessarily because it is the best position for birth but, as you can imagine, it is the most convenient position for the doctor or midwife. In this illustration, notice that the head of the bed is raised to at least 30 degrees or greater, and that the birthing parent has a pillow placed under her right hip, helping their turn slightly to the left. These adjustments help keep the weight of their uterus and baby from interfering with blood flow through the vessels that flow behind

them. Notice also that they are curled forward around their baby, holding behind their knees, and that their support people are merely supporting their legs and their upper back, not pushing on them



SITTING UPRIGHT

This upright sitting position is a variation on the use of a birthing stool. Notice how the birthing parent is curled forward around their baby, with their elbows out as they push. The head of the bed is raised high, and the foot of the bed is lowered, giving you a place to place your feet. Like the use of the stool, this position helps you use gravity effectively. Between contractions, you can lean backward supported by the bed. If you like, your partner can also sit behind you in bed as you use this position.



SIDE, CURLED POSITION

The side-lying position is especially useful in promoting rest and relaxation between pushing contractions. Some research suggests that this is the most effective birthing position for preventing tears

UPRIGHT BIRTHING POSITIONS

Giving birth in upright positions makes use of the power of gravity, enhancing the efficiency of contractions and facilitating the baby's descent through the birth canal. These positions provide a more natural and empowering approach to childbirth. Here are some examples:

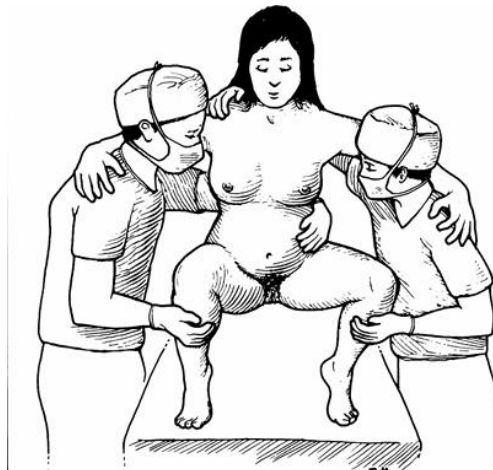
Standing. By standing with support from a partner or a sturdy object, women can experience the benefits of an upright position, allowing the pelvis to fully open up and aiding the progress of labor.



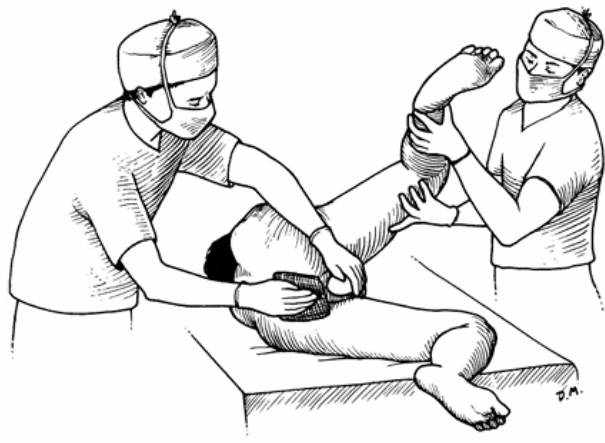
Leaning Forward. Leaning forward on hands and knees or utilizing a birthing ball or cushioned surface for support is another effective way to take advantage of gravity while maintaining a comfortable position during labor.



Squatting. Squatting, either independently or with the assistance of a birthing bar or a partner, helps widen the pelvic outlet and facilitates more efficient contractions.



Side-Lying Position. Lying on the side, with one leg bent and slightly raised, promotes relaxation, and alleviates discomfort, and can be particularly beneficial during labor.



Hands and Knees Position. Also known as the all-fours position, supporting oneself on hands and knees helps alleviate an aching back and encourages the rotation of the baby for a smoother birth.



CHALLENGES AND BARRIERS

Institutional Constraints

Hospital policies and infrastructure (e.g., non-adjustable beds, lack of training) often limit position choices.

Provider Preference and Training

Some obstetricians and midwives may lack training in managing births in non-supine positions.

Monitoring and Documentation

Continuous fetal monitoring can be more challenging in upright positions, though newer technologies are improving this.

Recent Historical Precedent

In recent history (especially since the 20th century), birthing in a hospital, lying on the back, became the norm in many parts of the world. Before hospitals became the standard for childbirth, women commonly used upright or active positions. But with the rise of hospital births, especially in Western medicine, the supine (back-lying) position became the default. Because most mothers and grandmothers gave birth on their backs in hospitals, today's women may think that's the only or best way—even if alternative positions are better for gravity and labor progress.

Pervasive Cultural Image of Birth

Popular culture (TV, movies, books, ads) often shows women giving birth flat on their backs in a hospital bed. This image is repeated so often that people assume it's the only “real” way to give birth. It shapes expectations and makes alternative positions seem unusual or risky. A woman who has only seen birth scenes on TV might feel unsure or even frightened to try squatting or standing, even if those are more comfortable.

Ease of Interventions

It's easier for doctors and nurses to perform interventions (like epidurals, continuous monitoring, IVs, or assisted delivery) when a woman is lying down. Alternative positions can interfere with equipment placement or require extra staff effort, so medical teams may discourage movement to keep procedures simple. A hospital may require the woman to lie still for continuous fetal monitoring, which prevents her from walking, rocking, or kneeling.

Health Care Provider Comfort and Convenience

Providers are trained and accustomed to attending deliveries in positions that make it easier for **them**, not necessarily the woman. The back-lying position gives the provider a clear view and easy access, making the delivery more convenient for them—even if it's harder for the woman. A doctor may ask the mother to lie back and put her legs in stirrups because that's how they are most used to delivering babies.

Health Care Provider Training

Many health professionals are trained only in delivering babies in the supine position and may lack knowledge or confidence in handling other positions. If medical or nursing school teaches only one method, providers may not feel comfortable assisting with squatting, side-lying, or hands-and-knees births. A midwife might discourage a woman from standing or leaning over because she was never trained in how to support that position safely.

Physical Structures of Labor/Delivery Room

Most hospital rooms are designed for lying-in-bed births, with special beds, equipment, and limited space. Even if a woman wants to move, the room may not have the tools (like birthing stools, mats, or wall bars) or space to safely allow it. The bed is the center of the room, and there's little space for walking, squatting, or using other tools like a ball or chair.

Evidence from Research

A 2020 Cochrane review concluded that upright positions in the first stage of labor were associated with reduced duration of labor and a lower likelihood of cesarean section. Randomized controlled trials have also shown benefits of hands-and-knees positions in reducing persistent back pain and aiding fetal rotation in occiput posterior presentations.

II. Conclusion

Alternative birthing positions offer promising benefits in enhancing physiological birth, reducing medical interventions, and promoting maternal comfort. A woman-centered approach that allows freedom of movement and choice of birthing position should be encouraged in clinical settings. More education, policy support, and provider training are essential to facilitate these options.

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