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Research Article

Positions and Movement: Promotion of Physiological Labour and Birth

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Abstract

Objective: Analysis of management of labour and birth

Method: The sample consists in 100 women, from 16 to 45 years old, randomly recruited who have given birth at the Pugliese-Ciaccio Hospital, in Catanzaro, Italy.

Results: From the data collected, 75% of women use alternative positions during labour, following their instinct, the advices from the antenatal classes or from the midwife who looks after them during the labour. The positions used are varied and different, but the litotomic one is always present (90% of cases), especially in the second active stage, in fact less than 2% of women give birth in a different position and even the use of episiotomy and suture is very high (about 55%). Regarding the length of labour, primips women who have used the alternative positions are having a labour of about 1 hour shorter than those who have not used them (on average 4 hours and 30 minutes versus 3 hours and 30 minutes). As for the multips, however, the labour with the alternative positions is shorter about 1 hour and 20 minutes (on average 2 hours and 20 versus 3 hours and 40). The maternal and fetal outcome is positive.

Conclusions: Healthcare professionals should promote the use of alternative positions especially in the management of dysfunctional labour. The midwife, first of all, must let the woman understand that labour and childbirth are very instinctive. This can sometimes be particularly difficult. Women, however, do not need someone to teach them how to give birth to their child, rather than having confidence and awareness in the knowledge of their body in order to make the event a unique and unforgettable experience.

Keywords: Labour Delivery; Positions; Movement; Active Birth; Woman; Pregnancy; Midwifery, Obstetrics

Introduction

Positions and movements are the first therapeutic methods used to relieve pain during labour. Starting from the Neolithic, in fact, the belly dance was used to accompany the woman during labour and birth. Over the years the artistic representations we have found show us women squatting, sitting, standing or otherwise changing position to satisfy their instincts. This until 1598, when Jacques Guillemeau introduces the birthing bed to provide greater comfort to the woman but that soon becomes common practice up to the present day especially for the management of complicated labour when the supine position represents the best and safest position. The scientific evidence, however, since 1970 show the multiple advantages of positions, especially those erected: lower duration of labor, better positioning of the fetus, less recourse to operative delivery, less augumentation, less need for pharmacological analgesia, greater uterine contractility.

Objectives

Based on the present scientific evidences (Flynn., *et al* 1978, Read., *et al* 1981, Stewart., *et al* 1983 Liddell e Fisher 1985, Chen., *et al*. 1987 Johnstone., *et al.* 1987, Stewart e Spiby 1989 Crowley., *et al*. 1991 Allahbadia e Vaidya 1992 Bhardwaj., *et al*. 1995, Hofmeyre and Glyte 2004, Kilpatrick and Garrison 2012, Moraloglu e Kansu-Celik 2016) and on various trend found, the study aims to analyze the management of labour in maternal department of the Pugliese-Ciaccio Hospital, Catanzaro, Italy. The question has been raised whether the woman was asking for the litotomy position or the midwife wasn't suggesting different positions. Michel Odent asserted, however, that several centuries of history would have conditioned the woman deep down to lie down to give birth. To follow the instinct, therefore, would not be a very easy thing if it is limited to being an intellectual operation and if every day we must behave in a totally different way [1-13].

We wondered if the woman had attended any antenatal classes and if, during labour, an environment was created to facilitate the "regression of the woman" with soft colors, with few furniture, no medical equipment in sight. If the partner was involved during the various phases and in what way. If the alternative positions could improve the progress and outcome of labor. And last but not least if women had a positive experience of the care provided.

In addition to the maternal outcome, the objective was to ascertain, through real data, the real effectiveness of active labour management in terms of length of labour, fetal outcomes, use of episiotomy and episorrhaphy and incidence of spontaneous lacerations or hematoma. All this in order give further attention to maternal positions in the progress of labour and to know when to use them and to offer high-level midwifery care to women during the birth event.

Materials and Methods

Few days after birth 100 women have been recruited, from 16 and 45 years old, who gave birth from April 1, 2016 to October 1, 2016. The medical records, the respective partograms included the cardiotocographic traces and the summaries of the birth have been analyzed. Indiscriminately, primigravid or pluriparous women, women with spontaneous or pharmacologically induced labor were included in the study.

In addition, in order to evaluate midwifery care provided and to compare it with data collected through interviews with women, an anonymous questionnaire was administered to the 12 midwives of the Hospital Company who work in the delivery suite.

Results and Discussion

- From the data collected, it appears that 15% of women do not use special positions preferring the lithotomic position during the labour. 75%, on the other hand, thanks to their instinct and thanks to the suggestions offered by the midwife or the antenatal classes, use alternative positions.

- The positions used during labour are litotomic (90%, especially in the second stage) followed by the semi-recumbent and on the side (80%), erect, side on the side with the legs extended or inflected (30-40%). Less used, under 10%, are all other positions. However, less than 2% of women, in fact, give birth in a different position.

- The use of episiotomy is common practice (about 55%). About 45% of them just 19% have 1st degree tear.

- In about 100% of cases the midwife tries to create an environment that can relax the woman through the use of soft lights or, sometimes, through the penumbra. On the other hand, music (10%) and aroma therapy (20%) are rarely used. The woman's partner is involved in 90% during all the labour.

- Regarding the duration of labour, primips women who have used the alternative positions result in length of labor 1 hour shorter than those who have not used them (on average 4 hours and 30 minutes versus 3 hours and 30 minutes). As for multips women, however, the length of labour with the alternative positions is 1 hour and 20 minutes shorter (on average 2 hours and 20 versus 3 hours and 40).

- The maternal outcomes, however, is positive because 80% of women claim to have found relief using various alternative positions as opposed to 10% who claims to have experienced the same pain and 5% who claims to have experienced a greater pain. Regarding fetal outcome, no particular differences were noted in women who gave birth in a classical or alternative way: the Apgar score is in fact almost similar.

Conclusion

Healthcare professionals should promote the use of alternative positions especially in the management of dysfunctional labour. The midwife, first of all, must let the woman understand that labour and childbirth are very instinctive. This can sometimes be particularly difficult. Women, however, do not need someone to teach them how to give birth to their child, rather than having confidence and awareness in the knowledge of their body in order to make the event a unique and unforgettable experience. Childbirth could be defined as "Apical experience" (Gill Thompson) that is a unique and unrepeatable event that gives rise to both a restructuring of identity and self-image, both inner processes of previous experience. However, the factors that allow this to be possible are two: first, that the woman has the perception that her needs are listened to and her choices taken into consideration so much that she considers it unique and exceptional and secondly that she has control over the events, which is involved in the various decisions taken. Women's satisfaction with childbirth is not related to the reduction of pain but to the quality of perceived support. It is essential for this to take care of the woman-midwife relationship.

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