



## **Obstacles in Facilitating Alternative Birthing Positions: Indian Current Scenario**

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### **ABSTRACT**

*The significance of alternative birthing positions in promoting a more woman-centered approach to childbirth. The medicalization of childbirth, offering medical benefits, has led to a reduction in natural birthing positions such as squatting, standing, and lateral positions, come with distinct advantages including reduced intervention rates, enhanced maternal comfort, and improved perineal protection. Majority of studies recommendations for encourage allowing women to choose their preferred birthing positions, but various obstacles hinder this practice's implementation in clinical settings. Some studies highlight the challenges faced in facilitating alternative birthing positions, including lack of provider education, cultural norms, safety concerns, and infrastructure limitations. Moreover, it underscores the importance of government-led strategies to promote these positions. These strategies encompass the development of guidelines, healthcare provider training, public awareness campaigns, and collaborations with professional organizations. These efforts aim to create an environment that prioritizes women's preferences, autonomy, and well-being, ultimately contributing to more positive birthing experiences and improved maternal and neonatal outcomes.*

*Key words:* Birthing positions, Obstacles, knowledge, maternal choice, Health providers

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### **INTRODUCTION**

The birth of a child holds immense significance in a woman's life. However, the medicalization of childbirth has led to a reduction in the freedom for the woman to labor and deliver in natural positions, confining her to the recumbent position [1]. Traditional positions like squatting and standing for delivery offer certain advantages. Additionally, alternative positions offer psychological benefits, as allowing women to find their most comfortable position enhances their sense of participation in the labor process [2]. Research-based recommendations emphasize that the chosen birth position during labor significantly influences both maternal and neonatal outcomes. Maternity care guidelines advocate for women in labor to have the autonomy to select their preferred birth position, with a preference for alternative positions such as upright, kneeling, squatting, and lateral ones, while discouraging the lithotomy position [3]. Nevertheless, despite the existing literature, it's common for midwives to default to the lithotomy position during vertex births, leading to adverse maternal consequences like prolonged labor and postpartum hemorrhage, along with negative neonatal outcomes such as fetal asphyxia and respiratory issues [3,4]. Alternative birthing positions, like upright and lateral ones, have demonstrated benefits such as lower intervention rates, shorter labor duration, and increased maternal satisfaction. Despite these potential advantages, incorporating alternative birthing positions into clinical practice can face various challenges. This review aims to explore the factors that hinder the facilitation of alternative birthing positions.

### **MATERIAL AND METHODS**

A comprehensive literature search was conducted using databases including PubMed, MEDLINE, CINAHL, and Google Scholar. "Alternative birthing positions," "maternity care," "obstacles," and "barriers" were employed to identify relevant studies. Encompassed research articles, systematic reviews, and observational studies that addressed challenges related to alternative birthing positions.

**Evidences of Obstacles In Facilitating Alternative Birthing Positions in Hospital:**

A significant majority (82.7%) of nursing officers expressed the belief that women should have the option to choose an alternative birth position. Among them, 76.9% were knowledgeable about positions other than the lithotomy. Approximately 48.1% indicated a preference for suggesting the squatting position to women in labor. The primary rationale for supporting a specific birth position was the ease and practicality of conducting the delivery [4,5]. Conversely, factors such as limited space in the labor room, lack of awareness about alternative positions, and challenges associated with transitioning to instrumental delivery were cited as reasons for not endorsing these positions.<sup>3</sup> Furthermore, a study revealed that women in a seated birth position had a lower episiotomy rate (adjusted odds ratio 0.28; 95% confidence interval 0.14-0.56) compared to those positioned horizontally or supine. Additionally, there was a slightly higher but statistically insignificant rate of intact perineum (adjusted odds ratio 1.40, 95% CI 0.96-2.04) among women in the sitting position. In contrast, women in the diverse/supine group showed a comparable episiotomy rate (adjusted odds ratio 1.12; 95% CI 0.69-1.83) when compared to the horizontal/supine group.<sup>4</sup> It is due to the care providers exhibited limited awareness regarding diverse birthing positions such as standing, squatting, lateral, sitting, and hand-knee. Within the spectrum of alternative birthing positions, nurses were familiar with squatting (n = 26, 50%), sitting (n = 19, 36.5%), lateral (n = 12, 23.1%), hand and knee (n = 12, 23.1%), and standing (n = 07, 13.4%). As a result, squatting emerged as the most recognized alternate birthing position, while standing was the least familiar [5,6].

**Obstacles in Facilitating Alternative Birthing Positions:**

**1. Tradition and Cultural Norms:** Many healthcare settings and professionals are influenced by traditional practices and cultural norms that promote certain birthing positions. Introducing alternative positions can be met with resistance due to these established practices.

**2. Lack of Education and Training:** Healthcare providers may not be adequately trained in facilitating alternative birthing positions. The absence of training can result in a lack of confidence and competence in assisting women in these positions.

**3. Institutional Policies and Guidelines:** Some healthcare institutions have policies and guidelines that favor specific birthing positions due to concerns about liability or standardization. These policies can restrict the options available to women during childbirth.

**4. Infrastructure Limitations:** The physical layout of birthing rooms and delivery suites can be designed primarily for the convenience of medical professionals, making it challenging to accommodate alternative positions comfortably.

**5. Perceived Safety Concerns:** There might be concerns about the safety of alternative birthing positions, both from the perspective of the mother and the healthcare providers. These concerns can stem from a lack of familiarity or misconceptions about the positions.

**6. Communication Barriers:** Effective communication between healthcare providers and expectant mothers is crucial for exploring and facilitating alternative birthing positions. Language barriers or miscommunication can hinder this process.

**7. Medical Interventions:** Medical interventions, such as continuous fetal monitoring or intravenous lines, can limit a woman's ability to move freely and adopt alternative positions during labor and delivery.

**8. Time Constraints:** Healthcare providers often work within tight schedules, which may limit the time available for discussing and trying alternative birthing positions with women in labor.

**9. Staffing Challenges:** In busy healthcare settings, staffing shortages can make it difficult to provide the necessary support and guidance for women to explore and maintain alternative birthing positions.

**10. Lack of Awareness:** Expectant mothers may not be aware of alternative birthing positions or the benefits they offer. This lack of awareness can prevent them from advocating for these positions during labor.

**11. Space Constraints:** Clinical settings often lack appropriate infrastructure to accommodate alternative birthing positions. Open labor wards or small birthing rooms can impede women's ability to move freely.

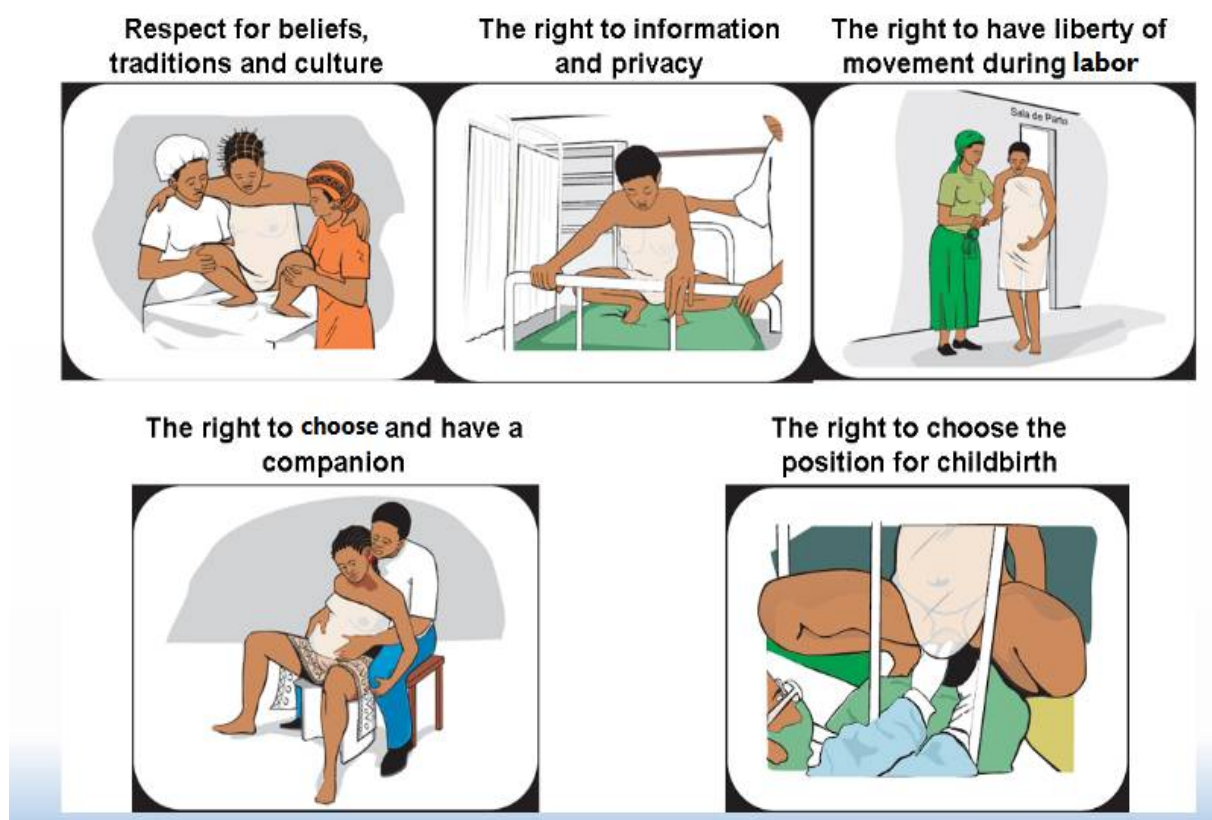
**12. Perceived Risks:** Healthcare providers may associate alternative positions with increased risks, despite evidence suggesting otherwise. Fear of complications can discourage the adoption of these positions.

**13. Lack of Standard Protocols:** Absence of standardized protocols for implementing alternative birthing positions can result in inconsistent practices across different healthcare settings [7,8].

**Advantages and Disadvantages of Alternative Birthing Positions:**

| Maternal Position   | Related Maternal and Neonatal Outcomes         |
|---------------------|--|
| Lithotomy positions | It leads to Obstetric anal sphincter injury    |
|                     | It can cause Abnormal fetal heart rate         |
| Supine positions    | It can cause Urinary incontinence              |
|                     | It can cause Abnormal fetal heart rate         |
|                     | It can lead to Obstetric anal sphincter injury |
| Lateral positions   | Risk of Fewer perineal tears                   |
| Sitting positions   | It reduces the labor pain                      |
|                     | This promotes the Increased blood loss         |
|                     | Reduced the second stage of labor              |
|                     | Risk of Obstetric anal sphincter injury        |
|                     | Some episiotomies can need                     |
| Kneeling positions  | Very less risk of episiotomies                 |
|                     | Reducing the second stage of labor             |
|                     | Less chances of perineal tears                 |
| Squatting positions | Less chances of perineal tears                 |
|                     | Shortened the labor second stage duration      |
|                     | labor pain is reduced in this position         |

**Promotion of Birthing Practices That Recognize Women’s Rights, Preferences, and Needs:**



**Government-Led Some Strategies Aimed at Enhancing Birthing Positions Involve a Range of Initiatives Focused on Optimizing Maternal Care. These Efforts Can Encompass:**

1. **Guideline Development:** Governments can collaborate with healthcare experts to formulate and disseminate guidelines that endorse diverse birthing positions, emphasizing their advantages and safety [8].
2. **Healthcare Provider Training:** Establishing training programs for healthcare professionals, including midwives and obstetricians, to equip them with the skills and knowledge required to support and facilitate alternative birthing positions[8].

3. **Public Awareness Campaigns:** Launching public awareness campaigns to educate expectant mothers about the benefits of alternative birthing positions and their right to make informed choices during labor[8].
4. **Facility Upgrades:** Investing in healthcare infrastructure to accommodate various birthing positions, with well-designed birthing rooms that can adapt to women's preferences[8].
5. **Patient Education Materials:** Developing informative materials, such as brochures and videos, to help expectant mothers understand the different birthing positions available and their potential advantages[8].
6. **Incentive Programs:** Introducing incentives or recognition systems for healthcare facilities that demonstrate a commitment to offering a variety of birthing positions and promoting positive birthing experiences[8].
7. **Research and Data Collection:** Funding research to collect data on the effectiveness and outcomes associated with different birthing positions, thereby supporting evidence-based decision-making[8].
8. **Collaboration with Professional Organizations:** Collaborating with midwifery and obstetric associations to advocate for the integration of alternative birthing positions within standard care practices[8].
9. **Support for Midwives and Doulas:** Offering support and resources to midwives and doulas, who can play pivotal roles in guiding and assisting women in achieving alternative birthing positions[8].
10. **Policy Integration:** Integrating the promotion of alternative birthing positions into broader maternal and reproductive health policies, ensuring a comprehensive approach to improving birthing experiences[8].
11. **Monitoring and Evaluation:** Establishing mechanisms to monitor the implementation and outcomes of these strategies, allowing for continuous refinement and improvement[8].

By implementing these strategies, governments can actively contribute to a more holistic and woman-centered approach to birthing, offering women a wider array of choices and promoting positive maternal and neonatal outcomes.

## DISCUSSION

These challenges demand a multifaceted strategy. Healthcare institutions should give precedence to evidence-based methodologies by integrating alternative birthing positions into established protocols. Offering thorough training to healthcare providers can bolster their confidence in facilitating these positions. Additionally, fostering a nurturing atmosphere that promotes women's autonomy and choices can cultivate a more widespread acceptance of alternative birthing practices [8, 9].

## CONCLUSION

Exploring alternative birthing positions holds promise in yielding advantages for both mothers and healthcare systems. To ensure patient-centered care, it is essential to identify and tackle the barriers that impede the adoption of these positions. Through surmounting these hurdles, healthcare professionals and policymakers have the opportunity to enhance the birthing journey for women and achieve better maternal outcomes.

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