

Awareness of Alternative Birthing Positions among Parturient Mothers

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Abstract

Despite the fact that literature supports alternative birthing positions, the majority of mothers still give birth in a supine position. Women's understanding and utilization of alternative birthing positions are little understood. There is a deficient data on awareness of parturient mothers regarding usage of alternative birthing positions, which hinders the possibilities of improving labor outcome.

Aim: To assess parturient mothers knowledge regarding alternative birthing positions during labor.

Materials and Methods: The study used an exploratory survey in a Government Maternity Hospital, Jammu and Kashmir where 100 low-risk parturient mothers participated in face-to-face interviews, using a structured questionnaire. A structured interview questionnaire consisting of 04 questions on socio-demographic profile and 10 questions related to awareness about birthing positions was administered to the target population of 100 parturient mothers.

Results: Majority of the parturient mothers (59%) are from the age group 20-30 years. Most of the mothers (76%) reside in the urban area. Majority of mothers were primigravida, housewives, and literate. Majority of mothers (90%) were aware of supine as a birthing position where as the majority of mothers were aware of walking and lateral as labor positions. Majority of the mothers (64%) are unaware about alternative birthing positions.

Discussion: Women who deliver in a maternity facility should be educated about alternative birthing positions so that they may make informed decisions about their own delivery options. Midwives, on the other hand, must be able to encourage and assist women giving birth in various positions that they feel comfortable, therefore continuing education programmers for midwives is a top priority.

Keywords: Awareness; Parturient mothers; Alternative birthing positions; Labor

Introduction

In the context of birthing process, comfort is an interesting concept. The feeling of comfort is the expression of having met present or impending needs or desires in three domains: body, mind and spirit. Relaxation, breathing exercises, massage, music therapy, guided imagery, and positioning and movement are some self-help comfort strategies that women may use during labour to assist them cope with the pain and increase comfort. Maternal position is one of the obstetric cares in the labour wards among all these comfort measures. Maternal position in the labour wards is indicative of a supportive atmosphere for delivery, which leads to mothers feeling more competent and successful throughout the intrapartum and postpartum periods [1].

Evidence supports the benefits of alternative birthing positions in terms of labour progression, as well as safe guarding the mother and baby during and after delivery [2].

Birthing in alternative positions is straightforward, safe, and affordable. These consider human body's physical, mental, social, and spiritual elements into account. There are no negative side effects. Alternative birthing positions are easy to practice and inexpensive [3].

The alternative birthing positions can be utilized, and broadly classified into either supine or upright. The various birthing positions may be classified as supine or upright [4]. In traditional midwifery and obstetric practices, the supine position is more typically employed since it offers the caregiver access to the woman's abdomen for monitoring fetal heart rate, administer intravenous therapy, conducting medical procedures, perineal support, and birth assistance [5]. However, there is no evidence to back this claim. Other birthing positions accelerate the body's natural physiologic process, which depends on gravity and the woman's urge to bear down, to aid in the delivery of the baby,

enhance the woman's delivery experience, and reduce postpartum complications. Increased uterine pressure or contractions, more productive bearing down attempts, better foetal positioning, decreased risk of aorto-caval compression, and larger pelvic diameters are all linked to alternative birthing positions [6].

Mothers' unique perceptions of birthing positions have an impact on how they use them. Although traditional midwifery requires pregnant women to deliver on their backs, the perceived benefits of alternative birthing positions, such as lower rates of forceps or vacuum delivery, shorter labour due to efficient and stronger contractions and faster head descent, lower rates of episiotomy, and abnormal foetal heart rate patterns, are likely to encourage midwives to use them. Limitations like as midwives' training and competence in birthing positions, institutional norms, a lack of awareness of childbirth positions, and inadequate delivery equipment to support birthing positions may impact mothers' usage of childbirth positions. Understanding the advantages of other birthing positions, on the other hand, would increase their self-efficacy in choosing alternative childbirth positions and subsequently using different labour positions by parturient mothers [7, 8].

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Similarly, based on researcher's clinical experience in maternity hospitals in Jammu and Kashmir State that most women who attempted to deliver in alternative positions such as squatting, hands and knees were encouraged to be on their backs due to medical/midwifery interventions such as fetal heart rate monitoring, intravenous fluid administration, perineal support, and birth assistance. This information gap inspired this research in one of the maternity hospitals of Jammu and Kashmir.

Problem statement

A study to assess the awareness of alternative birthing positions among parturient mothers attending the antenatal clinic at Government Maternity Hospital, Jammu and Kashmir.

Objectives

The major goal is to determine awareness of parturient mothers regarding alternative birthing positions. The following are some of the objectives:

1. Evaluate parturient mothers' awareness of alternative birthing positions.
2. Determine parturient mothers' level of knowledge on advantages and disadvantages of upright and supine positions.

Methodology

- **Research design:** An exploratory survey design was used to collect extensive information about mother's knowledge on alternative birthing positions. Data was collected from the parturient mothers through a knowledge questionnaire.
- **Research Setting:** The study was conducted in the Government Maternity Hospital, Jammu and Kashmir state.
- **Population:** Parturient mothers
- **Target population:** Parturient mothers attending the antenatal clinic/OPD at Government Maternity Hospital, Jammu and Kashmir.
- **Sampling technique:** Convenience sampling was used to collect parturient mothers attending antenatal clinic of Government Maternity Hospital, Jammu and Kashmir.
- **Sample size:** 100
- **Data collection tool:** Structured interview schedule on awareness of alternative birthing positions consisting of 5 questions in demographic profile and 10 questions related to awareness regarding birthing positions. Knowledge of less than five (<5) birthing positions is considered average, knowledge of (5 – 6) positions is considered good and knowledge of (7 – 10) positions is considered very well.

Data analysis: Descriptive statistics

Major findings of the study

From (Table 1), we infer that a majority of mothers were primigravida in the age group of 20-30years, (76%) residing urban areas. Moreover, we observe that the majority of the mothers (82% & 80%) were house wives and literate.

In (Table 2) shows that Most of them (64%) were not aware that alternative birthing positions helps in improving labor outcomes. Only (36%) were aware about alternative birthing positions.

Discussion

The majority of parturient mothers selected 5–6 delivery positions, the majority (64%) of which is supine positions, indicating that their overall awareness of other birthing positions is average. This backs up what the women said in the focused group discussion: they only knew about supine postures. This conclusion is comparable to another research that found that all midwives force women to deliver in supine positions due to a lack of knowledge and competence in alternative birthing positions [9, 10].

The findings of the study were consistent with a study conducted on women's knowledge and the use of labor and birthing positions in Malawi, where it has been stressed that the childbirth education must be included information on these positions and the midwives must have the basic skills to assist the women during childbirth [11, 12].

Conclusion

Findings related to awareness of mothers reveals that, majority of mothers (64%) were unaware regarding alternative birthing positions. The awareness of alternative birthing positions was discovered average among parturient mothers. The findings of this research show that awareness and use of alternative birthing positions have a substantial impact. As a result, midwives have a critical role to play in promoting comfort during birth and should strive to follow evidence-based birthing positions for a healthy mother and perinatal outcome. Information on many alternative birthing positions should be included in childbirth instructions. Midwives should have the necessary abilities to assist women in using various positions during labor [13].

Limitations of the Study

The present study was limited to:

- The mothers who were visiting antenatal clinic of maternity hospital, Jammu and Kashmir.
- The mothers who were available at the period of study.
- The study was conducted on small sample size of mothers due to limited time frame.
- The investigator studied only knowledge domain of mothers on birthing positions.
- A self-structured knowledge questionnaire was used to assess the knowledge level of mothers regarding birthing positions.

Recommendations of the Study

On the basis of the present study, the following recommendations are suggested:

- Same research study can be conducted on a larger sample in order to draw conclusions that are more definite and generalize the findings.
- A comparative study can be investigated to compare the knowledge of primi and second gravida mothers regarding birthing positions.
- Same research study can be conducted by using different method of teaching, such as lecture cum demonstration method.
- Similar study can be carried out on practice domain of birthing positions among parturient mothers.

Ethical Approval: Ethical approval was obtained from the Institutional Ethical Committee.

Conflicts of Interest: The authors declare no conflict of interest.

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References

1. Gupta JK, Sood A, Hofmeyr GJ, Vogel J P (2017) Position in the second stage of Labour for women without epidural anaesthesia. Cochrane database of systematic Reviews, 5: CD002006.
2. Lawrence A, Lewis L, Hofmeyr GJ, Styles C, Lawrence A, et al. (2013) Cochrane Database Syst Rev. 20:CD003934. JADA 144: 928-929
3. Cunningham FG, Leveno KJ, Bloom SL, Spong CY, Dashe JS, et al. (2018) Williams obstetrics. United States of America: McGraw-Hill Education.
4. Edqvist M, Blix E, Hegaard HK, Olafsdottir OA, Hildingsson I, et al. (2016) Perineal injuries and birth positions among 2992 women with a low risk pregnancy who opted for home birth. BMC Pregnancy Childbirth 16: 196.
5. Gaffka K (2016) The effect of alternative labour positions versus the lithotomy position on birthing outcomes: an integrative review.
6. Dabral A, Pawar P, Bharti R, Kumari A, Batra A, et al. (2018) Upright Kneeling position during second stage of labour: a pilot study. International Journal of Reproduction, contraception, Obstetrics and Gynecology 7: 401-407.
7. King TL, Brucker MC, Jevitt M, Osborne K (2018) Varney's midwifery. Burlington: Jones & Bartlett Learning.
8. Badejoko OO, Ibrahim HM, Awowole IO, Bola-oyebamiji SB, Ijarotimi AO, et al. (2016) Upright or dorsal? Childbirth positions among antenatal clinic attendees in south western Nigeria. Tropical Journal of Obstetrics and Gynaecology, 7:172-178.
9. Tekoa LK, Kurt RW, Jeffrey LE, Joseph RW (2017) Committee Opinion No. 687: Approaches to Limit Intervention during Labour and Birth. Obstet Gyn 129: 20-28
10. Muraya JW (2017) Midwives' care during childbirth drastically improves outcomes for labouring mothers. Mail & Guardian.
11. Zileni BD, Muller A (2017) Malawi women's knowledge and use of labour and birthing positions: A cross-sectional descriptive survey. Women and Birth, 30:1-8.
12. Kopas ML (2014) A review of evidence-based practices for management of the second stage of labour. Journal of Midwifery Women's Health, 59:264 – 276.
13. Zileni BD, Glover P, Teoh KT, Waazileni C, Müller ZA (2021) Factors influencing labour and birthing positions in Malawi. AJM 15:49.