

PROGRESSION



# Maternal positions during labour

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# Effords of upright birthing positions

- Shortening of birth time
- Fewer fetal heart rate abnormalities
- Favoring pulmonary breathing in the woman giving birth
- Better blood flow to the uterus
- Decrease in pain intensity
- Greater mobility of the pelvis
- Decrease in episiotomy rate



# Standing positions

- Holding options: partner, rope, windowsill, bed
- Toes turned outwards or inwards
- Bent over
- With abdominal support
- One leg up
- Maximum mobility in the pelvis



Different examples  
(drawings) of standing  
positions as described in  
the text

Different examples  
(drawings) of standing  
positions as described in  
the text

Different examples (drawings) of standing positions as  
described in the text

# Kneeling positions

- Standing on all fours
- Leaning positions (ball, bed, partner, etc.)
- Knee-elbow position
- Allow fixation of the shoulder girdle
- Relief of the lower uterine segment
  - Pain reduction

Different examples  
(drawings) of kneeling  
positions as described in  
the text

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Different examples (drawings) of kneeling  
positions as described in the text



# Sitting positions

- Chair, bed, toilet, exercise ball, birthing stool
- Allow leaning and relaxation during the break in contractions
- Prefer postures that lean forward
  - Promote the rotation of the child's back forward



Different examples  
(drawings) of sitting  
positions as described in  
the text

Different examples  
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positions as described in  
the text

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Different examples  
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the text

# Asymmetric positions

- Create space in the pelvis on one side
- Support the rotation of the child's head



Different examples (drawings) of asymmetric positions as described in the text (legs at different angles and positions)

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# Change in the pelvic spaces

Positions	Pelvic entrance	Middle of the pelvis	Pelvic exit	Relevant position of fetal head
Standing with straight legs, toes to the outside	Wide		More narrow	Above the pelvis
Standing with bended legs, toes to the inside	Closely		Wide	Pelvic outlet
Standing with one leg raised, toes to the outside	Unilateral expansion			Above the pelvis
Standing with one leg raised, toes straight		Unilateral expansion		Rotation in the middle of the pelvis
Standing with one leg raised, toes to the outside, bent backwards	Maximum unilateral expansion			Above the pelvis
Standing with one leg raised, toes to the inside, bent backwards			Maximum unilateral expansion	Pelvic outlet



# Lying positions

- Use positioning aids
- Less pelvic mobility
- Possible recovery for the woman in labour
- Useful for women with epidurals
- Supine position only if indicated
- Sims-position
  - Overhanging side position

Different examples  
(drawings) of lying positions  
as described in the text.  
Also depict positioning aids

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Also depict positioning aids



# Correct positioning for occiput posterior

- Sidelying on the side of the fetal back
- Sims positioning on the side of the fetal small parts

Different examples (drawings) of correct sidelying positions as described in the text, showing the mother but also the baby's head view

Add the incorrect position, crossed out



# Squatting positions

- Provide a place to hold on
- Expansion of the pelvic outlet
- Advantages of gravity are used
- Free movement of the sacrum
- May promote fetal descent
- Can increase the urge to push

Different examples (drawings) of squatting positions as described in the text. Also depict different options to hold on

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Different examples (drawings) of squatting positions as described in the text. Also depict different options to hold on



# Dangling positions

- Advantages of gravity are used
- Lengthening of the labouring womans upper body
  - Better oxygenation
  - More space for the fetus to change position
- Allows greater mobility in the pelvic joints



Different examples (drawings) of dangling positions as described in the text. Also depict different options to hold on (rope, knees of partner/helper)

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# Rollover sequence

Positioning if the cause of the lack of engagement and posture abnormality cannot be identified.

Drawing of a sequence of different positions as described in the text. Asymmetric, Sidelying, kneeling, etc



# Literature

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