



# 8 Alternative Labor Positions

By Brenda Stokes

**W**hat do sitting, standing, kneeling and squatting all have in common? Give up? These four positions are all ways women can give birth.

Are you surprised? It's no wonder! It seems to be a common assumption in America that all women give birth on their backs. We see this notion reflected on TV, in books and even from the mouths of our family members. But the on-your-back position is not the best for every laboring woman, and in some cases, it can even increase pain and cause tearing.

Because labor is such an individual experience, the way you position your body should be up to you. Perhaps you feel like taking a relaxing shower or sitting in a chair so hubby can massage your shoulders. Whatever makes you comfortable is right for your unique labor experience.

Are you drawing a blank when trying to think of other positions in which you can labor? Not to worry. We've compiled eight that can make your time in the labor and delivery room shorter and much more comfortable.

## 1) Kneeling

This position involves kneeling on a comfortable surface, such as the labor bed, a blanket, a birth ball or a beanbag, and leaning forward on either a support person or another surface like a table or pillows.

"Kneeling is especially comfortable if mom's tailbone is sore," says Sheri Menelli, author of *Journey into Motherhood: Inspirational Stories of Natural Birth*, as it relieves the pressure that would occur if you were to sit or lie down. And because gravity is working for

you, contractions are stronger and labor can sometimes be shorter.

Kneeling is also great if you want a back rub. Since your back is exposed and stretched out, this is the perfect time for the dad-to-be to massage your fatigued shoulders and back, Menelli says.

## 2) Standing

If you feel like standing during your delivery, you can do so at your bedside or leaning against a wall or support person. If you lean against someone, try wrapping your arms around his or her neck for added support. Not only can this sense of closeness increase feelings of maternal comfort, says Dr. Anne B. Broussard, CNM, DNS, of the University of Louisiana at Lafayette, but "contractions [will also be] stronger and more

efficient in causing cervical changes.”

Your partner or coach can help relieve some pressure by standing behind you, wrapping his or her arms around you and gently lifting your belly. Even better, if you need something to squeeze during a contraction, you can grab onto that person’s arms.

### 3) Side-Lying

The side-lying position is pretty self explanatory — you just lie on your side in bed. Broussard suggests having your partner hold up your top leg or putting a few pillows under that top leg for support.

Most experts, including Broussard, recommend lying on your left side rather than your right, because this gives you and the baby better circulation. Also, if your blood pressure is too high, it may come down while you’re in this position, says Menelli. Just be careful because this position can cause your labor to stall, which might actually be a good thing if you’re having a fast birth and want to slow it down, or if you and baby need a break before letting labor progress further.

### 4) On All Fours

Much like the kneeling position, the on-all-fours position involves kneeling on a comfortable surface, but you also lean forward onto your hands. “Mom may instinctively take this position if she is experiencing any back labor,” says Menelli, as “it allows the baby to move off the nerves.”

Even if you don’t have back labor, the on-all-fours position is great for relieving other back pain and can actually help rotate the baby into a better birthing position because you get help from gravity. You can even rock your pelvis back and forth a bit while in this position to ease pressure and help the baby move further down the birth canal.

### 5) Sitting

This position can be performed in several ways. Whether you decide to sit with crossed legs on the bed, in a chair, with your legs spread apart on a birthing ball or sitting backwards on the toilet, the downward pull of gravity when you’re sitting “helps to open up the pelvic region,” Menelli says.

Sitting crossed-legged in bed with the

headboard upright can give you optimum back support. But you may prefer to have your back exposed for massage opportunities. If so, straddle a chair, a beanbag or the toilet. Menelli says that sitting on the toilet “many times will allow mom to let go of the muscles that are holding the baby in,” which will help your little one get here sooner.

### 6) Squatting

Any surface is fine to practice the squatting position, but your heels should be flat on the floor in a wide stance. “When the position is done properly, there is true stability,” says Kim Wildner, childbirth educator, doula and author of *Mother’s Intention: How Belief Shapes Birth*.

Your partner can also support you from behind as you squat on the floor. Gravity helps the fetus descend, says Broussard, but she notes that most women will not be able to hold this position for long periods of time. Practicing it before you go into labor can help you learn to balance yourself better and can strengthen your leg muscles so you can stay squatting longer. You may ultimately decide to deliver in this position as well, as it shortens the birth canal considerably.

### 7) Birthing Tub

Just about any position can be performed in a birthing tub. Because the water relieves pressure on the body and reduces the heaviness of the belly, it is often called “Nature’s Epidural,” says Menelli. Warm water can be very soothing and allows you to change positions more freely. The labor can even progress more quickly due to your increased relaxation level, Broussard says.

Not only is the birthing tub relaxing, but it also makes for a “warm transition into the outside world” for baby, according to Menelli. For more information on the art of water births, please visit [www.WaterBirth.org](http://www.WaterBirth.org).

### 8) Shower

Many positions can be done in the shower, like standing, sitting or squatting. “The water hitting the breasts and belly can increase the release of oxytocin,” says Menelli, a labor hormone that promotes increased uterine activity.

The sound of the running water can

also be very soothing and allow you to relax more fully. Laboring in the shower is especially beneficial to women who are experiencing back labor, because you can angle the water to hit your back.

You can even spend time in the shower with your partner. Menelli says many women find that slight pressure against their lower backs provides significant pain relief during contractions. Your partner can stand behind you to provide firm support, or you can stand face-to-face while draping your arms around his neck. Whatever feels best is what you should go with.

### Choosing a Position

Picking a labor position isn’t exactly something that can be planned ahead of time. During labor, you should experiment with different positions to find the one that feels most comfortable and that helps your labor progress. Menelli suggests women change positions every 45 minutes, as this can help speed up labor.

“I think it is important to find a position through instinct,” Menelli says. For instance, if you’re experiencing back labor where the back of the baby’s head is nearer to your spine than your public bone, getting on all fours can help turn the baby around. Typically, if a position is comfortable, it will help labor progress, either with the help of gravity or because your body releases more oxytocin when you feel good. You may also want to hire a midwife or doula to receive expert advice on positions and general labor comfort measures. This way, you’ll know your options ahead of time, and your doula or midwife can remind you of different positions to try during labor (when you may not be thinking clearly!).

Remember: Try any and every position you can think of and find what feels best. But don’t let yourself remain stationary for too long, advises Menelli, adding, “Stay out of bed as much as possible [and] get moving.”

### When You Shouldn’t Move

In some instances, a woman’s health can determine the position in which she labors. For instance, Broussard says if you have a heart condition, you may be required to labor and give birth on your back because sustained pushing could be dangerous and

forceps or an episiotomy may be required.

Likewise, the baby’s health can have an effect on your options. If there is cause for concern over your baby’s well-being, your healthcare provider will want to have easy access to the perineum. If your baby’s heart rate decelerates, for example, you’ll have fewer options because emergency intervention might become a necessity.

Also, if you plan on having an epidural, realize that you will not have the same sort of mobility as you would without one. If you have one, you’ll be hooked up to an IV, which will make it difficult for you to move around. Plus the lower half of your body will be partially or completely numb, so you’ll have a hard time maneuvering yourself into different positions. Some hospitals won’t allow you to move much after you get an epidural because you could hurt yourself. Many women find alternative labor positions very comfortable, says Menelli, and

opt out of getting an epidural altogether.

Sadly, there can be instances where a healthcare provider may advise you to give birth on your back for their convenience alone. To avoid this, be sure to discuss your labor plans with your healthcare provider ahead of time so you’ll both know what to expect.

Many moms enjoy having the freedom to move around, change positions and labor the way that feels most natural to them. Laboring is both exciting and exhausting, and it should be your experience. Walk around, sit in a rocking chair or relax in a bath with your partner. Whatever feels right is right when it comes to bringing a new life into the world. ☺

**About the Author:** Brenda Stokes is a freelance writer and full-time student from southern California.

## POLL ) Readers Respond

### How did you deliver your last baby?

- 73% Lying on my back
- 23% Seated with my knees up
- 2% Lying on my side
- 1% In a birthing pool
- 1% On my hands and knees

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