The Benefits of Active Birth

A randomised controlled trial conducted in 1997 showed that adopting upright positions such as standing, supported squatting, kneeling and the ‘all fours’ positions in labour were associated with the following:

- less pain experienced;
- fewer episiotomies;
- fewer third-degree tears;
- less perineal trauma;
- fewer women experiencing discomfort;
- fewer women experiencing intolerable pain;
- a reduction in the need for instrumental delivery; and
- a reduction in abnormal fetal heart rate patterns.

Upright positions are beneficial as they help to work with the force of gravity. Being upright helps with the descent of the baby onto the cervix and aids the dilation of the cervix. Also, active birth helps to increase the width of the pelvis, aiding the descent and birth of the baby.

In the **lithotomy position** the pelvic outlet narrows because the pelvis and sacrum are immobilised.

In a **semi-reclining position** the birth canal is smaller because the woman’s weight rests on the base of her spine preventing it from moving outwards, which would allow more space.

In a **squatting position** the pelvis outlet widens increasing the pelvic outlet by up to 1.5 cm (an increase of as much as 30% in pelvic capacity) because the sacrum is free and moves back as the baby descends.
The effect of position on the utero-spinal drive angle (S-curve and C-curve)

**Lying face-up positions** have an S-curve that directs the baby on more of a curved pathway which may take longer.

An **upright, leaning-forward position** and an **on-all-fours position** have a C-curve that provides the baby with a straighter path through the birth canal.

In an **upright, leaning-forward position**, the uterus falls forward away from the maternal spine and pelvic vessels and is supported by the front abdominal wall. This improves the alignment of the baby and increases the efficiency of contractions.