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## **ABSTRACT**

**Implementation of evidence based alternative birth position in a hospital in Tshwane.**

**Background:** Evidence has shown that alternative birth positions including upright, kneeling, squatting and lateral positions, improves maternal and child outcomes (Gupta, et, 2017). However, despite clear evidence, midwives are routinely positioning women in lithotomy position during normal vertex births. This is associated with several negative maternal outcomes, such as prolonged labour, perineal tears and postpartum haemorrhage, and negative neonatal outcomes such as birth asphyxia, low Apgar scores and respiratory compromise.

**Purpose:** The aim of this project was to improve maternal and neonatal outcomes through offering women a choice to adopt alternative birth positions during labour.

**Methods:** An interprofessional team was compiled to discuss ways of implementing alternative birth positions. An expert midwife trained healthcare professionals on evidence based alternative birth positions. An audit tool was compiled to monitor associated maternal and neonatal outcomes of these positions.

**Results:** Some healthcare professionals expressed a lack of knowledge on how to integrate alternative birth positions in clinical practice and raised a need to be equipped with additional skills to utilize alternative birth positions. The healthcare professionals trained expressed that women reported better birthing experience when they were allowed to adopt a position of their choice. Statistics compiled from the audit tool indicated optimal maternal and neonatal outcomes associated with alternative birth position.

**Conclusion:** The project improved women-centered care and empowered healthcare professionals to utilize best available evidence based practice during labour.

**Implications:** Alternative birth positions are integrated into practice as women will be given a choice of preferred position. Posters on these positions are displayed in the labour rooms. Continuous skills training on alternative birth positions will be implemented. Hospital

management has shown support towards the project and is in the process of changing policy.

**Keywords:** Maternal-child, alternative birth positions, midwife