



# Implementation of evidence based alternative birth positions in a hospital, in Tshwane.



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**Summary** Unavoidable maternal mortality remains substantially high in South Africa with over 39% of all maternal deaths from avoidable causes such as lack of knowledge and skills of midwives in assisting women during labour. During clinical practice at a hospital in Tshwane the researcher observed that midwives did not allow women to give birth using alternative safe birth positions. In contrast, midwives routinely positioned women in lithotomy position during normal vaginal births irrespective of available evidence of alternative safe birth positions. A quality improvement project was initiated to implement alternative birth positions with positive results.

## Introduction / Background

Evidence showed that alternative birth positions including upright, kneeling, squatting and lateral positions, improve maternal and child outcomes (Gupta, et al, 2017). Despite clear evidence, midwives routinely positioned women in lithotomy position during normal vertex births, which caused negative maternal outcomes, such as prolonged labour, perineal tears and postpartum haemorrhage, as well as negative neonatal outcomes such as birth asphyxia, low Apgar-scores and respiratory compromise.

## Results

The midwives trained expressed that women reported better birthing experiences when they were allowed to adopt a position of their choice. Some midwives 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. Statistics compiled from the audit tool indicated optimal maternal and neonatal outcomes associated with alternative birth positions.

## Conclusion

Benefits of using alternative birth positions have been widely reported on worldwide. The project will improve midwifery care by ensuring women-centered care is promoted, by involving the women in the decision-making of their birth processes, and to empower midwives to utilize best available evidence based practice to enhance optimal maternal and neonatal outcomes.

## 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

The project followed the approach of Kouzes and Posner's Leadership Model, namely model the way, inspire a shared vision, challenge the process, enable others to act and encourage the heart.

- 1 • Permission was obtained from hospital management
- 2 • Collaborative meetings were held with interprofessionals
- 3 • Existing guidelines were appraised
- 4 • An expert midwife trained midwives on alternative birth positions
- 5 • A survey was done on midwives' and women's experiences of utilising alternative birth positions
- 6 • A poster was created for the delivery room on alternative birth positions



## Implications / Take away message

- The project has an implication for policy development to appraise the exiting protocol and guidelines on alternative birth positions and include a protocol in the unit of these alternative birth position, as indicated in the maternal guidelines of South Africa.
- Evidence based practice on utilisation of alternative birth position will be integrated into practice as women will be given a choice of preferred birth position, as it is associated with optimal birth outcomes.
- Interprofessional collaboration is fostered as the obstetricians, midwives and hospital management made a collaborative decision to implement evidence based birth position during provision of care.
- The Kouzes and Posner's Leadership Model is a valuable approach for a quality improvement initiative in maternal health.

## Questions I would like audience to respond to

- How can interprofessional collaboration be enhanced to improving evidence based practice in maternal care?

## Acknowledgements

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## References

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