Title:
Effects of Birthing Positions on Perineal Injury Evidence Review

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Session Title:
Rising Stars of Research and Scholarship Invited Student Posters

Slot:
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Applicable Category:
Clinical, Students

Keywords:
Birthing Position, Episiotomies and Perineal Injury

References:

Abstract Summary:
Obstetric perineal trauma commonly occurs in vaginal births and has been related to complications with mother-child bonding. A literary review was completed to examine
Obstetric perineal trauma commonly occurs in vaginal births as episiotomies occur in 35.2% of vaginal deliveries in the United States. Trauma or significant pain that occurs during childbirth has been related to interfering with the bonding process between mother and child. A critical appraisal of evidence was done to examine the impact of birthing position on perineal injuries of laboring women. Several different search engines (Nursing & Allied Health Source, Cochrane Library, and Wiley Library database) were used to gather recent articles that examined the effecting of different birthing positions on perineal injuries. Keywords used in search for articles included different combinations of the following: perineal injury, labor positions, and episiotomy. Exclusion include articles prior to 2012, births not in a hospital of birthing environment, and cesarean births. The critical appraisal of evidence includes systematic review with meta-analysis, quasi-experimental, and non-experimental studies. Several studies found that women who gave birth in an upright position experienced fewer episiotomies than those in lithotomy position. However, these articles also found that giving birth in this upright position increase the chance of second-degree natural perineal lacerations. Results from a systematic review included in the critical appraisal discovered that those placed in an upright position at the end stages of labor had a decreased risk of needing an episiotomy. Implications for practice include that placing women in different variations of upright positions leads to a decrease in incidence of episiotomies however placing mothers in a supine position leads to a decrease in natural perineal lacerations. Overall, evidence is inconclusive on the best birthing positions to decrease perineal injuries. However, more upright positions lead to a decrease in episiotomies which in
recent years has shown to be a more severe complication than natural second-degree lacerations. Systematic reviews should be done on this topic to close the literature gap and determine the best practice guidelines/protocols in the operating room environment.