

**POPINVITED: ID# 101072**

**Title:**

Effects of Birthing Positions on Perineal Injury Evidence Review

**Emily S. Bailey, SN**

*School of Nursing, University of West Florida, Pensacola, FL, USA*

Crystal G. Bennett, PhD, RN

*School of Nursing, Usha Kundu MD College of Health, University of West Florida, Pensacola, FL, USA*

**ACCEPTED**

---

**Session Title:**

Rising Stars of Research and Scholarship Invited Student Posters

**Slot:**

RS PST1: Sunday, 17 November 2019: 11:45 AM-12:15 PM

---

**Applicable Category:**

Clinical, Students

**Keywords:**

Birthing Position, Episiotomies and Perineal Injury

**References:**

- Al-Zein, H., Jarrah, S., Al-Jaghbir, M., (October, 2013). The relationship between obstetric perineal trauma, risk factors, and postpartum outcomes immediately after childbirth. *International Journal of Childbirth Education*, 28(4). 39-44. Doi:10.107894.ji.20003.
- De Jonge, A., Van Diem, M., Scheepers, P., Buitendijk, S., Lagro-Janssen, A., (April, 2012). Risk of perineal damage is not a reason to discourage a sitting birthing position: a secondary analysis. *Internation Journal of Clinical Practice*. 64(5). 611-618. Doi:10.1111/j.1742-1241.2009.02316.x
- Dorgu, F., Steen, M., Clin, D., Keeling, J., Mason-Whitehead, E. (June, 2016). Exploring Nigerian obstetricians' perspectives on maternal birthing positions and perineal trauma. *Evidence Based Midwifery*, 14(2). 64-70. Doi:10.13211/f.1764.989.x
- Gupta, J., Hofmeyr, G., Shemar, M., (May, 2017). Position in the second stage of labor for women without epidural anesthesia. *Cochrane Systematic Review*. Doi: 10.1002/14651858.CD002006.pub4.
- Silva, F., Oliveira, S., Bick, D., Osava, R., Tuesta, E., Riesco, M. (august, 2012) Risk factors of birth-related perineal trauma: a cross-sectional study in a birth centre. *Journal of Clinical Nursing*, 21(15). 209-218. Doi:10.1111/j.1365-2702.2012.04133.x

**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

the effects of different birthing positions on perineal injury. The review concluded that placing mothers in a more upright position decrease their need for episiotomies.

### **Content Outline:**

- Background and Significance: Obstetric perineal trauma commonly occurs in vaginal births and has been related to a variety of complications. These include difficulty breast feeding, urinary and fecal incontinence, and pain. (H. Al-Zein et al., 2013)
- Clinical Question: Among laboring women delivering in the hospital, how do positions other than lithotomy position affect incidence of perineal injuries?
- Search Strategy: Nursing & Allied Health Source, Cochrane Library, and Wiley Library databases were used.
- Findings: 3 out of 4 found that women who gave birth in upright positions led to fewer episiotomies.
- Implications for Practice: Placing a woman in an upright position puts her at decreased risk of needing an episiotomy

Summary: Evidence on the association between birthing positions and perineal trauma is not conclusive. (A. De Jonge et al., 2012)

### **Topic Selection:**

Rising Stars of Research and Scholarship Invited Student Posters (25201)

### **Abstract Text:**

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 or birthing environment, and caesarian 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.