



Birth Lithotomy Position and Forceps or Vacuum Use Reduction

Student's Name

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Course Number and Name

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Due Date

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Lawrence et al. (2011) used the Cochrane Pregnancy and Childbirth Group's Trials Register (November 2008) to retrieve quasi-randomized and randomized clinical studies assessing differences among women adopting recumbent and upright positions during their initial labor stages. The primary purpose of their review was to evaluate whether adopting these positions impacted type of delivery, length of labor, or any other significant outcomes on the babies and mothers. Lawrence et al. (2011) hoped to fill a gap concerning the notion that women lying on their backs may experience negative birth outcomes including delayed progress of the labor process and adverse uterine contractions.

The authors relied on more than two independent reviewers to critique individual studies gathered for quality and analyzing the results. Lawrence et al. (2011) evaluated 21 studies on 3706 women. They found that the labor length was one hour shorter among women who assumed upright positions (such as kneeling, standing, sitting, or walking) than in recumbent (including lateral and supine) positions. Similarly, they were less likely to have epidural analgesia even though other outcomes such as delivery mode and the length of the second labor stage had no significant differences in the two interventions (Lawrence et al., 2011). The authors realized that there was an existing gap regarding maternal satisfaction with either recumbent or upright postures because little information was collected in the studies reviewed. Overall, Lawrence et al. (2011) concluded that even though existing studies agreed that upright and walking positions reduce labor duration during the first stage, these interventions are unassociated with adverse impacts on the wellbeing of babies and mothers. Therefore, the systematic review of literature suggested that women in their first labor period should adopt their most comfortable position.