

THE Journal of Obstetrics & Gynaecology of India

Vol. XXXIX No. 1

FEBRUARY 1988

EVALUATION OF MODERN AND TRADITIONAL METHODS OF DELIVERY POSITIONS

By

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SUMMARY

A randomised controlled trial designated to investigate the effect of position of delivery in the second stage of labour is reported. Seventy-five obstetrically normal patients at term in spontaneous labour were delivered in one of the 3 positions viz., the traditional squatting, modern dorsal supine and left lateral positions.

The mean duration of second stage was same in the three positions of delivery in primigravidae. But in the second gravidae the mean duration of second stage was 14.78 mins. more in the squatting as compared to the dorsal supine and 6.45 mins. as compared to the left lateral. There were 100% spontaneous deliveries in the squatting position as compared to 84% in the dorsal and 92% in the lateral positions. The need for episiotomies was also very low in the squatting positions i.e. in 8% primis as compared to 40% in lateral and 68% in dorsal supine. In second gravidae in the squatting position, none needed an episiotomy, 8% did so in the left lateral and 4% in dorsal supine. Bearing down was also easier for the patient in the squatting position and only 8% had severe backache in this position as compared to 44% in dorsal and 32% in lateral positions.

Introduction

The optimal position of the woman during childbirth has always been an in-

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Accepted for publication on 25-8-88.

teresting topic for discussion. There is a lot of archaeological evidence to support the view that the supine lithotomy position is quite recent and that previously women used to sit up for birth.

This position of delivery is still maintained in our own villages. As almos

one thirds of births in the world occur without the benefit of modern obstetrical aids, the delivery postures assume an importance that must be appreciated especially in our part of the world. Here obstetrical aid is not very far off in the form of local and traditional 'dais', who assist delivery as they have known their previous generations to do. The present study was carried out as a preliminary effort to find out if the old traditional method is more efficient for the expulsion of the baby.

Material and Methods

Different postures of delivery in the second stage of labour were tried in 75 patients with full term pregnancy, in spontaneous labour, over a period of one year in the department of Obst. & Gynae., Lalla Ded Hospital Srinagar. At the end of the first stage of labour, the patients were delivered in one of three position viz., the traditional squatting, modern dorsal supine and left lateral positions till 25 patients had delivered in each position.

All patients were primi or second gravidae with previous full term normal delivery, at present with singleton pregnancy of more than 37 weeks and cephalic presentation.

Cephalopelvic disproportion was ruled out in all patients; none had any signs of foetal distress.

At the end of the first stage of labour, the patients were shifted to the second stage delivery room and allowed to bear down. Every other patient was made to deliver in the left lateral and every third patient in the squatting position, which, if they refused, were then allowed to deliver in the position of their choice.

In the dorsal position the patients were made to deliver lying down on their backs on the delivery table. Their feet were

not held in stirrups but kept along vertical rods of the delivery table for support.

In the left lateral position the patient was placed on her side, left leg extended and the right leg flexed and abducted. An assistant held the leg in this position. In the squatting position the patients were made to sit with their thighs abducted, feet raised from the ground on bricks. They held on to a stool to prevent them from toppling over and to help them in bearing down efforts. Subsequently an easier way was discovered by the patients themselves. They held on to the raised head end of the delivery table, facing it, and with their back facing the accoucheur. Delivery was assisted from the back (dorso posterior).

Episiotomy (mediolateral) was given if it appeared that the head distending the perineum was too large or that the perineal body was unusually resistant after local infiltration of the perineum with 10 cc. of 2% xylocaine.

The baby was weighed and apgar score assigned. 0.2 mg of ergometrine IV was given as soon as baby was expelled.

The third stage was conducted in the same position as the second stage except in the left lateral position where the patient was placed on her back for delivery of the placenta.

Observations and Discussion

The average duration of labour in each position was 27.6 ± 16.4 mins, in dorsal; 27.24 ± 11.1 mins. in lateral and 30.56 ± 9.4 mins. in squatting positions. The study showed a slightly longer duration by about 3 mins. in the squatting position. Considering the small sample size and unequal number of primis and second gravidae in each position the difference can be considered negligible (Table-I).