

Maternal Posture

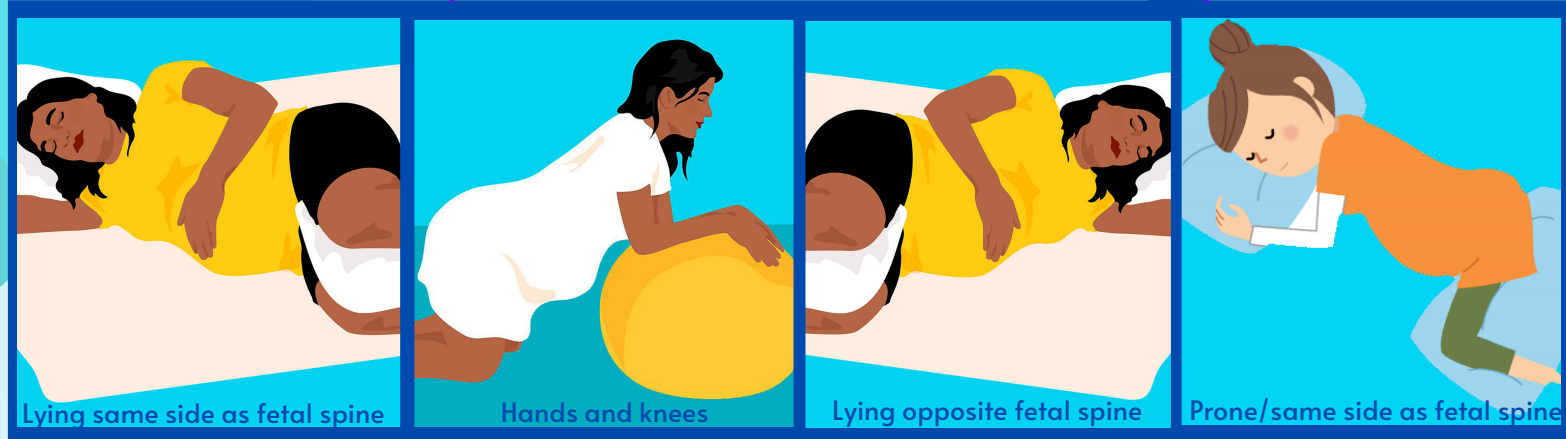
For Fetal Malposition in Labour for Improving the Health of Mothers and their Infants - Cochrane Systematic Review

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AIM: Decide which posture will rotate babies and reduce operative births?



BACKGROUND

Fetal malposition is: When the baby's back lies close to the mothers back

- Occurs in a quarter of labours when baby is head down
- More common if first pregnancy, some pelvis types, higher body mass index, fetal weight > 4kg, anterior placenta, advanced maternal age, and epidural
- Associated with longer labour, infection, fetal distress, severe perineal and anal trauma, post operative bleeding, infant resuscitation, birth injury and newborn intensive care

• 70% have operative birth if malposition persists

Maternal posture: May help gravity to turn baby's body or increase space for baby through the pelvis

Recent trials: Various maternal postures for fetal malposition in labour with some reporting positive effects on maternal and neonatal outcomes

METHOD

Search:

- Cochrane Trials Register
- ClinicalTrials.gov
- WHO ICTRP
- 10 Studies
- 5 countries
- 4 posture variations

PRIMARY OUTCOMES

- Operative birth (defined as caesarean section or operative vaginal birth)
- Serious neonatal morbidity (defined as death, neonatal intensive care admission, encephalopathy)

SECONDARY OUTCOMES

• **Maternal:**

Persistent occipito-posterior/occipito-transverse fetal position; Caesarean section; Operative vaginal birth; Perineal tears; Postpartum haemorrhage; Maternal satisfaction; Duration of labour; Epidural

• **Infant:**

Death; Apgar score <7 at 5 minutes; Jaundice; Intensive care admission; Encephalopathy; Respiratory support; Increased blood lactate.

COCHRANE METHODOLOGY

- Studies assessed for risk of bias
- Meta-analysis using RevMan
- GradePro evaluation of the evidence

CONCLUSION:

Evidence will inform practice guidelines or indicate further research needed

