



Upright birthing — a practical solution

The author of this article, Monika Boenigk, gave a fascinating and inspiring presentation of her work with birthing women at the International Confederation of Midwives triennial congress in Vienna earlier this year. She also described the development of a new birthing seat. This article is based on that presentation.

It has been my privilege over many years as a practising midwife to work with couples — during pregnancy, birth and beyond — towards achieving an internal as well as an external environment that would provide the best possible conditions for the birthing process to unfold unimpeded. During this time, I have assisted and supported women giving birth in any imaginable position, using anything that was at hand to relieve the woman's sensations of discomfort or pain and to enhance her efforts in labouring and birthing her baby.

The key elements of an empowered, dignified birthing experience became increasingly clear to me: being able to trust, totally let go and focus inward, whilst labouring in an upright position. These were the most commonly reported and observed characteristics. It was in this scenario that the most satisfying and rewarding results were achieved. Interestingly, a significant reduction in obstetric complications was also noted — in particular, hypoxia-inducing heart rate decelerations, meconium staining and assisted vaginal deliveries. The incidence of third- and fourth-degree tears and episiotomies was markedly reduced. This insight directed me towards developing an uncomplicated approach to upright birthing which feels natural to women and also offers significant advantages over recumbent approaches to childbirth.

The source of inspiration

Looking back, I realised that the labouring mother and I would often spend long periods of time in the quiet, confined space of a bathroom — the mother sitting on the toilet, supported by pillows to rest her back and neck and with folded-up towels under her feet to prevent 'pins and needles'. As for myself, I would be crouched at her feet, wedged between bathroom door and vanity, the toilet roll holder piercing my back, and the cold from the tiled floor creeping up from below....

The toilet. The familiar place of opening up. The moment of truth. The crossroads. 'Will I, or won't I, have this



baby'? Countless mothers decided during those soul-searching moments that they had, after all, what it took to birth their baby, realising the equally (or more) distasteful consequences of 'giving up and handing over'. The woman would regain her labour rhythm and her confidence, let go of her residual fears and concerns, and emerge out of the toilet with renewed courage to do what was needed of her.

How often I would have liked to take the toilet back with me into the birthing room to maintain the mother's open state, her connectedness with herself and her descending baby — all the things she could feel so well whilst sitting on the toilet!

This is how the quest for a good birthing seat was born, during those precious toilet moments, when all aspects of the mother's awareness (physical, mental, emotional) corresponded so perfectly that her labour progress was tangible and acute and real — to her and to me.

What was needed

Our calling as midwives is to empower women to find and explore their inner space. Only a limited number of pregnant women have the privilege of continuity of care through a midwife of their choice. But all should be able to have a realistic expectation that, at the time of childbirth, the attending midwife can provide them with a suite of facilities that enables them to choose what best suits their

needs as individuals during their labour.

The missing link here was to find a satisfactory substitute for that toilet. But it was not just a portable equivalent that was required. All those years of close observation had convinced me that more could be achieved with a design that took cognisance of the mechanics of labour.

Therefore, I made it my mission to design a birthing seat that would, by its sheer shape, tilt, height and support, promote a position for the labouring mother in which her internal messages would become clearer to her and assist her in finding this space that could bring about the strength she needed to birth her baby.

She would feel her child travel down the birth passage. She would feel its head expand the perineum, gently crown into the vagina and slither out of her. All the while, she would feel herself in control, totally supported by the seat, all muscles relaxed, so that every little bit of strength could be focused on opening up, letting go, breathing her baby out, and starting on the road to conscious and conscientious mothering.

What I wanted to achieve was that any labouring mother around the world could sit on the seat and immediately feel through the shape of the seat what I would say to her if I were there: 'Relax your legs, your back. Rest your head, let go of all your tension and fear, trust your body. Breathe out as long as you can, feel your diaphragm move the baby downwards. Open your jaw, your lips. Think of your beautiful little baby, feel its little wet head wriggling down the birth passage. Surrender to the power of your birth-waves; let them take you closer and closer towards meeting your child. You and your baby work together to make this happen. You can do this — the more you let go, the sooner the baby will be here....'

Further design considerations

This was only the beginning, as there were additional requirements for a successful seat design. It had to be strong, stable, comfortable and



reliable. It had to be practical, affordable and preferably portable. I also wanted the final product to be aesthetically pleasing so that women would find it attractive and non-threatening.

The end result was the BirthRite Birthing Seat. Made from high-impact fibreglass, at 5kg it is light enough to be portable. This enhances its versatility, as it is also able to be used under the shower or in the bath. Its dimensions make it suitable for women of all shapes and sizes, and its broad, solid base provides reassuring support and stability on any surface, even during swaying and rocking.

The design incorporates curved edges that allow the thighs to roll outwards, thus opening up the birthing area. The coccyx is unimpeded in its excursion as the baby's head descends. Stainless steel gripping handles are precisely located to facilitate leverage and stability while rocking or bearing down during labour (and hence promoting the mother's active role in the birthing process); they also act as carrying handles for transporting the seat from one location to another.

A special feature is the unique inclined sitting surface, the angle being carefully contrived to promote:

- optimal alignment of the baby in the birth passage — mothers typically comment that they can instantly feel 'where the baby needs to go' once they are seated on the BirthRite seat.
- maximal opening of the pelvis
- less pressure on the perineum than with a horizontal surface
- complete relaxation of the mother when leaning into her partner

- an unobstructed view for attendants

With no moving parts, it is reliable and requires minimal maintenance.

The result

The response of practitioners to the BirthRite seat has been gratifying. The seat is now in widespread use throughout Australia and is beginning to make inroads into the practice of midwifery in Europe, Asia and North America. It has met the requirement of practicality, providing an excellent work platform for dealing with external fetal heart rate monitoring, the McRoberts Manoeuvre, shoulder difficulties, large babies, breeches, ventouse and forceps; also, mothers given 'light epidurals' can push well on the BirthRite seat.

The midwife no longer has to run around unnecessarily, crawling on all fours, peering upwards between the kneeling woman's legs to check for progress while twisting her back and risking a drenching with amniotic fluid. No longer does she direct encouraging words to the kneeling mother's backside whilst trying to obtain a reliable heartbeat with the doppler wedged somewhere between pubic hair and abdomen — all of this can be handled more comfortably with the mother well supported on the seat. The midwife's energies can instead be focused on the working mother and her state of concentration.

The mother is upright, totally supported, connected with the descending baby, maintaining eye contact with her partner and her midwife. The more integrity is achieved at this level from all involved, the less effort is needed to bring forth the baby. In fact, a different technique is employed. Instead of 'pushing', the process becomes much more gentle — more akin to 'breathing out' the baby — totally self-directed by the mother's body, finding just the right level of effort needed.

The satisfaction ensuing from such a birth envelops all involved and is particularly rewarding for the midwife.

Let us now turn our attention to some concerns commonly expressed by the obstetric community about the use of birthing seats for labouring mothers.

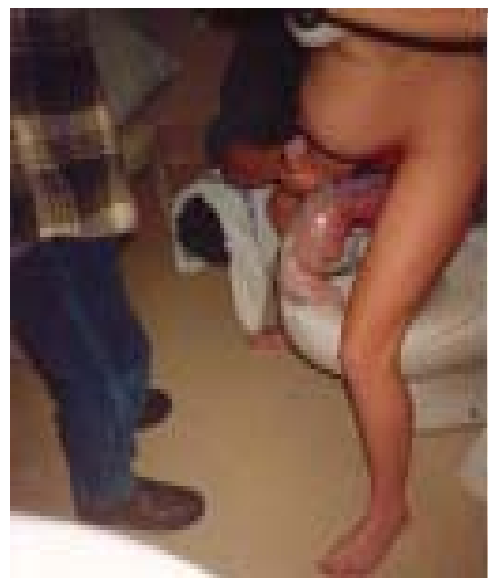
Perineal outcomes

In 1998, a systematic review of the literature on practices that minimise trauma to the genital tract during childbirth was carried out.¹ The consensus was that overall perineal outcomes were comparable in semi-recumbent and upright positions. Fewer episiotomies were carried out in women in upright positions or when using a birth chair or stool. This is important as severe lacerations (third and fourth degree) occurred more frequently after episiotomy. Conversely, a higher rate of spontaneous trauma, which included labial and first and second degree perineal tears, was apparent in upright positions.

It was also suggested that there is an apparent increase in blood loss associated with upright positions. This has not been established. It may merely be a perception, or because blood loss is measured more accurately in upright positions. In my own experience, there seems to be a more effective and expulsive third stage associated with the use of birthing seats, which may account for more initial gushing with placental separation.

It has to be borne in mind that upright positions are generally more expulsive and require a much gentler coaching of the mother while birthing her baby. This is especially true for the BirthRite seat due to its slope. Experience suggests that it promotes speedier descent of the baby whilst reducing perineal strain. I have already alluded to the need for a different technique in this situation.

In essence 'slow, gentle delivery of the baby in a relaxed and unrushed



atmosphere has been associated with higher rates of intact perineum'.^{1p157} Furthermore, the slow delivery of the fetal head over an intact perineum does not appear to compromise the condition of the baby at birth in terms of Apgar scores.²

Occupational health and safety issues

It should be appreciated that traditional obstetric practices involving mothers in semi-recumbent positions on obstetric delivery beds incur considerable strain for birth attendants.

Amongst all the upright positions to which labouring mothers resort, sitting supported on an ergonomically designed birthing seat is the safest position for both mother and carer. Both of them can protect their lower backs in these positions and put least strain on other body parts.

Due to the slight tilt of the BirthRite seat, the baby slips out horizontally, into the midwife's hands, saving her from having to bend and twist her back, as would be the case if the mother were standing or kneeling. This feature is especially appealing to older midwives and male doctors.

Assisting the mother on and off the seat can be done whilst observing good posture. Alternatively, a chair with armrests can be placed in front of the mother so that she can help herself on and off the birthing seat.

When carrying the seat, proper positioning avoids strain and injury. The handles on the sides of the BirthRite seat make carrying it very easy.

Infection control

Due to the increased occurrence of such infectious diseases as hepatitis and HIV, all hospitals are tightening their regulations regarding hygiene procedures and equipment used. In fact, one of the main concerns with older 'birthing stools' is that their construction from absorbent materials such as timber and vinyl makes them difficult to keep clean. This in turn has caused most hospitals to phase out such stools, leaving mothers and midwives without cost-effective furniture for upright birthing — that missing link.

When the BirthRite seat was developed, particular attention was paid to ensuring elimination

of entry points for bacteria. Manufactured from hygienic, easy-to-clean fibreglass, the single-mould seat is seamlessly mated to a fibreglass floor. The sub-perineal space enables spillage of body fluids to be confined to a relatively small area. The seat has no inconvenient cavities or crevices which might harbour infection, so the risk of cross-contamination between users is practically eliminated. The hospital-grade isophalic gelcoat surface enables it to be cleaned with standard, readily available disinfectant agents, so it easily complies with the most stringent infection control standards.

The user experience

So far we have not mentioned the most significant feature of labour: the pain!!

In my entire career, of all the mothers I have cared for, *only one* needed to relax in a semi-reclined position throughout her labour, supported by pillows. All other mothers in my care would have told me to 'get lost' if I had so much as tried to get them to lie down for any length of time during their labour. Obviously, with the mother 'resting' on her back, pain is instantaneously experienced as excruciating and unbearable. We understand this phenomenon to be due to interruptions in hormone transfer in recumbent positions,



caused by undue uterine pressure on major blood vessels along the spine. In almost every case, the pain is perceived as more bearable in an upright position. This in turn leads to a reduced demand for labour-inhibiting pain relief.

Of course, the sitting position will not suit all women in all circumstances, but, once mothers realize the relief of not having to hold themselves up on their trembling legs or knees whilst still enjoying the benefits of an upright position, the seat will be appreciated by many. Sitting comfortably and well supported on the seat, a labouring woman can easily maintain eye contact with her partner and attendants, which helps her to maintain her focus. She feels in control of the birthing process. Being actively involved reduces preoccupation with pain, fosters better bonding with the baby and results in an enhanced birthing experience.

The whole point of developing a practical birthing seat satisfying each of my criteria was to provide women with a much needed tool to reinforce their confidence in their choice of an effective birthing position. As midwives, we should not be indiscriminately forcing our women to labour on a bed, but rather providing a variety of well-designed tools to encourage mothers to experiment with various positions. We will then find that, not only do our mothers and babies perform better, but we ourselves will experience greater joy and satisfaction in our daily work.

For further information visit the BirthRite website: <http://www.birthrite.com.au> email: m.b@idl.com.au

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