

Choosing your positions during labour and birth:

A decision aid for women having a vaginal birth

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- » your family doctor
- » 13 HEALTH telephone line (13 432 584)
- » Lifeline counselling service (131 114)
- » Stillbirth and Neonatal Death Support (SANDS) helpline (1800 228 655)
- » Pregnancy, Birth & Baby Helpline (1800 882 436)

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Last updated: November 2012

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What do the symbols mean?

The information in this decision aid has come from the best scientific studies available to us. Numbers in brackets [1] indicate a reference to a study that is listed at the back of the decision aid.

We use this symbol  when there is something you might like to ask your care provider about.

What is this decision aid about?

This decision aid has been written to support women who are planning a vaginal birth to know what to expect and to have a say in making decisions about positions in labour and birth.

This decision aid provides information about two options:

1. Being upright
2. Lying down

This decision aid will also answer the following questions:

- » What are my options?
 - » What happens if I choose an upright position?
 - » What happens if I choose a lying down position?
- » Will I always be able to choose?
- » How might I choose between an upright position and a lying down position?
- » What are the differences between being upright and lying down during first stage labour?
- » What are the differences between being upright and lying down in second stage labour?
- » How can I make the decision that's best for me?
- » How can I ask questions to get more information?

What is labour and what might it feel like?

Women describe and rate the intensity of their labour pain very differently. Some women describe the process of birthing as the most intense physical feeling they have ever experienced, while others describe their pain as mild or moderate [1, 12]. Having information about **labour** (the process your body goes through when your baby is born) might help you make decisions about managing and working with your pain.

Some women say that labour pain can feel like period pain, while others disagree [13]. Women generally experience more intense pain as labour progresses, however the pain can increase and decrease throughout labour [5].

Words such as 'cramping, aching, tiring, troublesome, pressing, excruciating, throbbing, fearful, and happy' have been used to describe how women feel during different stages of labour [2-4]. Each woman's labour is different and unique. Each woman also has a different threshold for handling different sensations and pain.

Labour usually happens in three stages: first stage labour, second stage labour and third stage labour.

What is first stage labour?

The progress of first stage labour is measured by how **dilated** (open) your cervix is in centimetres. **First stage labour** is from when your cervix starts to dilate to when it has fully dilated to 10cm. The **dilation** (opening) of the cervix allows your baby to move from the uterus into the **birth canal** (the passage from the uterus to outside the vagina).

First stage labour includes three phases: early, active and late.

- » Early phase of labour is from when the cervix starts to dilate to 4cm dilation
- » Active phase of labour is from 4cm dilation to about 8cm or 9cm dilation. Women say that the pain of contractions normally becomes more painful from the active phase of labour onwards.
- » Late (or transitional) phase of labour is from about 8cm or 9cm to 10cm dilation

During the early part of first stage labour, your uterus **contracts** (tightens) to slowly open up your cervix, preparing for the birth of your baby. Some women say that contractions feel like a tightening of the stomach. These contractions may be irregular and quite far apart. Women usually say that these contractions are not as painful as the contractions during later stages of labour. As you get closer to second stage labour your contractions will usually become more regular, longer lasting, stronger

and closer together [5]. You may feel stronger pain through the contractions however this will usually lessen between contractions. Women usually say that as they get closer to second stage labour, their contractions become more painful. The length of first stage labour is different for every woman. For some women, this stage can last less than an hour, for others it may last up to a few days.

Some women also experience lower back pain through first stage labour. It is thought that lower back pain may be associated with a **posterior fetal position** (when the baby's back is lying against the woman's spine). However, it is still unclear as to what causes lower back pain during labour [5].

What is second stage labour?

Second stage labour is from the complete dilation of the cervix (10cm) to the birth of your baby. Your contractions during second stage labour will push your baby from your uterus into your birth canal. When your baby is in the birth canal you will usually feel the urge to push your baby out. You may also feel the pressure of your baby's head between your legs.

During second stage labour, your baby usually moves head first down through the birth canal and shows his or her head through the opening of your vagina. When your baby's head reaches the opening of your vagina you may feel a hot, stinging sensation as the opening of your vagina stretches. After your baby's head has come out of your vagina, his or her shoulders and body will usually follow within the next couple of contractions. The length of second stage labour is different for every woman. For some women this stage can last for a few minutes, for others it may last over an hour.



Photo courtesy of Rachel Ford

What is labour and what might it feel like?

What is third stage labour?

Third stage labour is from the birth of your baby to the birth of your **placenta**. The placenta is an organ that connects to the wall of a pregnant woman's uterus. The baby is connected to the placenta by the **umbilical cord**. The umbilical cord allows nutrients (eg vitamins and minerals) and oxygen from the woman to be carried to her baby.

The contractions that you experience through first and second stage labour will continue however are not usually as intense as in third stage labour. Contractions during third stage labour allow your placenta to separate from the inside wall of your uterus and also control any excessive bleeding.

The length of third stage labour is different for every woman. For some this stage can last for less than 30 minutes, for others it can last over an hour [6]. More information about third stage labour is provided in 'Choosing how to birth your placenta: A decision aid for women having a vaginal birth'.

Many women experience **afterpains** (pains from the uterus contracting after birth). Afterpains can be quite painful and often become more painful with breastfeeding. You might like to ask your care provider about pain management options if you experience this. ●

What are Braxton Hicks contractions?

Before you go into labour you may experience **Braxton Hicks contractions**. Braxton Hicks contractions are a tightening of the **uterus** (womb) which occurs throughout pregnancy. These contractions are not labour contractions. Not all women feel Braxton Hicks contractions in early pregnancy as they can be very subtle. As you get closer to giving birth you may experience more noticeable, intense and painful Braxton Hicks contractions. Sometimes it can be hard to tell if the contractions experienced during late pregnancy are Braxton Hicks contractions or whether they are the early stages of labour. This is because Braxton Hicks contractions and early labour contractions can feel very similar. If you experience contractions that you are worried or confused about, your care provider can help you to work out which type of contractions you are experiencing. ●



Photo courtesy of Little Posers Photography

What are my choices for managing and working with pain?

There are many different options for managing and working with pain. Often you can use different methods of pain management together. Some options however may only be used at certain points in labour and some can't be used together.

You might like to consider all your options for managing and working with pain before you go into labour so that you can be prepared. It is okay to change your mind along the way. All women have different beliefs, values and preferences, so the method of pain management for one woman may not be the best for you. Therefore, when choosing which method of pain management is best for you, you might like to think about the following:

- » Your beliefs about whether pain should be managed or treated or if pain is a natural process
- » The level of control you want over your body during labour and birth eg whether you want to feel everything or whether you don't want to feel pain
- » Some people classify pain differently:
 - › Physiological pain can be seen as pain from the natural effects of birth as a result of the muscles in the body moving and working to deliver the baby
 - › Abnormal pain can be seen as pain from complications of birth such as tearing

Not all birth places can offer every method of pain management. You might like to talk to your care provider about what pain management options will be available to you at your planned place of birth and what methods of pain management can and can't be used together. 🗨️

Unfortunately, our decision aids do not cover all methods of managing and working with your pain. When deciding which methods to include in the book, we talked with women about what was important to them, considered which methods women often use in Queensland and included some drug methods and some non-drug methods. This decision aid will discuss in detail two pain management options. These are:

1. Positions in labour and birth
2. Having an epidural

The following methods of pain management have not been discussed in other decision aids:

- » Touch and massage
- » Support person
- » Aromatherapy
- » Acupuncture and acupressure
- » Hypnosis
- » TENS (Transcutaneous Electrical Nerve Stimulation)
- » Psychological and breathing methods
- » Heat packs
- » Sterile water injections
- » Pethidine
- » Morphine
- » Gas (Entonox® or nitrous oxide)

More details about the methods not discussed in this decisions aid will be available on our website in time: www.havingababy.org.au

Analgesia: Pain management however you will still be conscious and have sensation

Anaesthesia: Total or partial loss of sensation. Anaesthesia can be given to a certain area of the body (local anaesthetic) or to the whole body for total loss of consciousness (general anaesthetic)

What are my options for positions in labour?

During labour many women move around to find the positions that help them manage or work with their pain and allow them to feel most comfortable. There are many positions that can be used during labour and birth. These positions may also change through labour and birth. In the next few pages we talk about the differences between being upright and lying down. We have discussed first and second stage labour separately. All positions in labour can be grouped into two options. These are:



Photo courtesy of Little Posers Photography

Option 1

Being upright

Option 2

Lying down

Option 1

What happens if I choose an upright position?

Upright positions include any positions where the body is working with gravity to help the baby move through the birth canal or where the woman's head is higher than her body. Some examples of upright positions are standing, kneeling, sitting, leaning, squatting or being on hands and knees. Upright positions can also include moving around such as walking or rocking.

Studies have shown that gravity can help your baby move through the passage of your pelvis [7]. Studies have also shown that squatting and kneeling opens up the pelvis which may help you birth your baby more easily [7].

You may wish to have different furniture and birthing equipment available to help support you in different positions such as:

- » A birthing ball
- » A chair
- » A bench or bed for leaning, sitting or lying
- » A mat for the floor
- » Cushions



Photo courtesy of Little Posers Photography

Option 2

What happens if I choose a lying down position?

Lying down positions include when your body doesn't use gravity to help the baby move through the birth canal and the woman's head is not higher than the rest of the body. A lying down position could be on your back or on your side.



Will I always be able to choose?

You can choose which positions are most comfortable and least painful to you during labour. Some things can limit your positions, for example, if your labour is being monitored with an elastic belt around your **abdomen** (stomach) or if you have had an epidural. You might like to talk to your care provider about what things might limit your ability to use all positions during your labour. 🗨️

In some situations, your care provider might suggest one option instead of the other. If this happens, you can ask your care provider about the reasons for their suggestion and make decisions as a team. If one option is suggested by your care provider instead of another, you can choose to follow their suggestion or choose to say no. Some care providers choose not to offer, or are not comfortable offering, all options to women. If you are not offered all options, or the option you prefer, you can ask to have another care provider.



How might I choose between an upright position or lying down position?

A number of studies have looked at what happens when women are in an upright position compared to being in a lying down position. We have included some of the results of these studies in the next few pages.

Will the results of these studies apply to me?

Every woman's pregnancy is different, so the possible outcomes of each option might be different for you. You might like to talk to your care provider who can give you extra information that is suited to your unique pregnancy. 🗨️

Some of the studies we talk about are better quality than others. Whenever we talk about the results of a study, we give you some idea of the quality, using the following rating:

- A** **A** is given to studies that are high quality. **A** level studies tell us we can be very confident that choosing to do something causes something else to happen. **A+** studies are the very highest quality of studies.
- B** **B** is given to studies that are medium quality. **B** level studies can tell us we can be moderately confident that choosing to do something causes something else to happen.
- C** **C** is given to studies that are low quality. **C** level studies can tell us when things tend to happen at the same time. But **C** level studies can't tell us that choosing to do something causes something else to happen.

In the next few pages we talk a lot about the chance of different things happening. If you would like help understanding what this means, please visit www.havingababy.org.au/chance

What are the differences between being upright and lying down during first stage labour?

Studies have found there is a difference between being upright and lying down during first stage labour in:

Women who were in an upright position...

Women who were in a lying down position...

The length of first stage labour [7] **A+**



On average, women's labour lasted **5** hours and **42** minutes

On average, women's labour lasted **6** hours and **29** minutes

The chance of having an epidural (a type of pain management where drugs are used to numb the lower half of the body) [7] **A+**

27 out of every **100** women had an epidural

32 out of every **100** women had an epidural



 Women who had an epidural
 Women who did not have an epidural



The chance of having a vulva (the external female genitals) oedema (a lump or increase in volume in the vulvar region) after birth [10] **A**

29 out of every **100** women had a vulvar oedema

14 out of every **100** women had a vulvar oedema

 Women who had a vulvar oedema
 Women who did not have a vulva oedema





What are the differences between being upright and lying down during first stage labour?

Studies have found there is a difference between being upright and lying down during first stage labour in:

Continued...

The chance of having a 1st degree tear (a tear involving the skin only) [10] **A**

-  Women who had a 1st degree tear
-  Women who did not have a 1st degree tear

38 out of every **100** women had a 1st degree tear



57 out of every **100** women had a 1st degree tear



Studies have found there is no difference between being upright and lying down during first stage labour in:

The chance of having an augmentation (process of artificially speeding up a woman's labour after it has already started) **using drugs** [7] **A+**

The chance of having an artificial rupture of membranes (also known as 'breaking your waters', when your care provider makes a small hole in the amniotic sac that holds your baby and the amniotic fluid around your baby) [7] **A+**

The chance of having opioids (drugs like morphine or pethidine) **for pain management** [7] **A+**

The length of second stage labour [7] **A+**

The chance of having an instrumental birth (where **forceps** (tongs) and/or a **vacuum** (suction) cap is used to help pull the baby out of the vagina) [7] **A+**

The chance of having a caesarean section [7] **A+**

The chance of having a postpartum haemorrhage (losing more than 500ml of blood after birth) [8] **A**

The chance of the baby having a low APGAR score (a score to assess a baby's well-being after birth, a score lower than 7 means that a baby might need help breathing) **five minutes after birth** [7] **A+**

The chance of the baby going into the Neonatal Intensive Care Unit (a unit in the hospital for babies who need a high level of special medical care) [9] **A**

What are the differences between being upright and lying down during first stage labour?

Studies are not clear about whether there is any difference between being upright and lying down during first stage labour in:

The chance of having a 2nd degree tear (a tear involving the skin and muscles around the vagina but not the anus) **during birth** [10] **A**

The chance of having an episiotomy (a cut made to increase the size of the opening of the vagina) [7,10] **A**

The chance of the baby dying between 20 weeks gestation (amount of time in the uterus) **and 4 weeks after birth** [7] **A**

Studies haven't looked at the differences between being upright and lying down during first stage labour in:

The chance of having a 3rd degree tear (a tear involving the skin and muscles around the vagina and the anus) **during birth**

Women's rating the amount of pain during labour

What are the differences between being upright and lying down in second stage labour?


Studies have found there is a difference between being upright and lying down during second stage labour in:


Women who were in an upright position...

Women who were in a lying down position...

The chance of having an episiotomy (a cut made to increase the size of the opening of the vagina)

[11] **A+**

 Women who had an episiotomy

 Women who did not have an episiotomy


35 out of every 100 women had an episiotomy




43 out of every 100 women had an episiotomy



The chance of losing more than 500ml of blood [11] **A+**

 Women who had a postpartum haemorrhage

 Women who did not have a postpartum haemorrhage


7 out of every 100 women had a postpartum haemorrhage




4 out of every 100 women had a postpartum haemorrhage



The chance of having an assisted birth (where forceps (tongs) and/or a vacuum cap (a suction cap) is used to help pull the baby out of the vagina) [11] **A+**

 Women who had an assisted birth

 Women who did not have an assisted birth

10 out of every 100 women experienced severe pain at birth



13 out of every 100 women experienced severe pain at birth



What are the differences between being upright and lying down in second stage labour?


Studies have found there is a difference between being upright and lying down during second stage labour in:


Continued...

Women who were in an upright position...

Women who were in a lying down position...

The chance of having a second degree tear (a tear involving the skin and muscles around the vagina) [11] **A+**

 Women who had a second degree tear

 Women who did not have a second degree tear


18 out of every 100 women had a second degree tear




14 out of every 100 women had a second degree tear



The chance of abnormal fetal heart rate patterns [11] **A+**

 Women who abnormal heart rate patterns detected

 Women who did not have abnormal heart rate patterns detected

3 out of every 100 women had abnormal fetal heart rate patterns detected



7 out of every 100 women had abnormal fetal heart rate patterns detected



Studies have found there is no difference between being upright and lying down during second stage labour in:

The chance of having drugs for pain management (analgesia and anaesthetic) during second stage labour [11] **A+**

The chance of having a caesarean section [11] **A+**

The chance of having a severe tear (a 3rd or 4th degree tear) during birth [11] **A+**

The chance of having manual removal of the placenta (when a care provider uses their hand to gently scrape away the placenta from the uterus, through the vagina) [11] **A+**

The chance of the baby dying [11] **A+**

The length of second stage labour [11] **A+**

How can I make the decision that's best for me?

At the Queensland Centre for Mothers & Babies, we understand that the right decision for you may not be the right decision for others.

When making decisions about their maternity care, some women prefer to get the information and make decisions by themselves or with their families. Other women like to make decisions as a team with their care providers and some women like their care providers to make decisions for them. This decision is yours to make. You might change your mind about previous decisions if you get more information, if your circumstances change or your preferences change. For all decisions before, during and after your birth, you are entitled to know your different options, know what happens if you choose different options and choose the option that is best for you.

Think about the reasons for choosing each option

When making a decision about which option is best for you, it can be helpful to think about the reasons that you personally might choose each option. We have included a table in this decision aid where you can write down both the reasons you might and might not choose each option. You might have come up with your own ideas or have found information somewhere else.

Think about which reasons matter to you the most

Some reasons might matter more to you than others and you might want to give these reasons extra thought when making a decision. There is room in this decision aid for you to mark how much each reason matters to you in a box. Doing this can also help you talk to other people about what matters to you. You might like to use a simple star rating like this to mark how important each reason is:

☐ ★ Matters to me a little ☐ ★★ Matters to me quite a bit ☐ ★★★ Matters to me a lot

Think about whether you're leaning towards one option or the other

Once you've thought about the reasons for choosing each option and how much each reason matters to you, you might feel that one option is better for you. Or, you might still be unsure and want to think about it some more or ask questions. There is a place to mark what you feel about your options within this decision aid. You can also show this table to your care provider to help you make decisions as a team.

How can I make the decision that's best for me?

Reasons I might choose an upright position...

	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
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Reasons I might choose a lying down position...

	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
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	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

At the moment, I am leaning towards...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An upright position				I'm unsure					A lying down position

How can I ask questions to get more information?

Asking your care provider questions can help you get the information you want and need. Below are some questions you might want to ask your care provider to get more information during your pregnancy:

- ☐ Are there guidelines at my planned place of birth for positioning during labour and birth?
 - ☐ What are the possible outcomes in my unique pregnancy of being in an upright position?
 - ☐ What are the possible outcomes in my unique pregnancy of being in a lying down position?
 - ☐ Is there anything that will restrict my positioning and movement in first and second stage labour?

My Notes

Where did this information come from?

The information in this decision aid has come from the best scientific studies available to us. A list of these studies is included below:

- [1] Jones, L., Othman, M., Dowswell, T., Alfirevic, Z., Gates, S., Newburn, M., Jordan, S., Lavender, T., Neilson, J.P. Pain management for women in labour: an overview of systematic reviews. *Cochrane Database of Systematic Reviews* 2012, Issue 3. Art. No.: CD009234. doi: 10.1002/14651858.CD009234.pub2.
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- [12] Melzack, R. The Myth of Painless Childbirth. *Operative Obstetrics and Anesthesia*, 1984. 19(321): p. 297-298.
- [13] McCrea, B. H. and Wright, M. E. Satisfaction in childbirth and perceptions of personal control in pain relief during labour. *Journal of Advanced Nursing*, 1999. 29(4): p. 877-884. doi: 10.1046/j.1365-2648.1999.00961.x

My questions and notes

Acknowledgements

The Queensland Centre for Mothers & Babies would also like to acknowledge the families in Queensland for their generosity in contributing many of the beautiful photos contained in these decision aids. We would also like to thank the following organisations and individuals for their contribution to the development of this decision aid, or other decision aids we've developed.

Organisations

Australian College of Midwives (ACM)

Caboolture Hospital

Central Maternity & Neonatal Clinical Network

Ethnic Communities Council of Queensland

Friends of the Birth Centre Queensland Association Inc

General Practice Queensland

Griffith University

Herston Multimedia Unit

Mater Mothers' Hospital

Maternity Coalition

Maternity Unit, Primary, Community and Extended Care Branch, Queensland Health

Midwives Information & Resource Service (MIDIRS), UK

Midwifery Advisory Committee, Office of the Chief Nursing Officer, Queensland Health

Midwifery Advisor, Queensland Health

Northern Queensland Maternity & Neonatal Clinical Network

Preventative Health, Queensland Health

Queensland Maternal and Perinatal Quality Council

Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Redland Hospital

Sexual Health and HIV Service

Southern Queensland Maternity & Neonatal Clinical Network

Statewide Maternity & Neonatal Clinical Network

Stillbirth and Neonatal Death Support (SANDS) Network

The University of Queensland

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Lana Bell

Dr Wendy Brodribb

Deirdrie Cullen

Rachel Ford

Dr Glenn Gardener

Professor Geoffrey Mitchell

Rosalie Potter

Dr Camille Raynes-Greenow

Assoc. Professor Allison Shorten

Hayley Thompson

Assoc. Professor Lyndal Trevena

Other decision aids

- Choosing your model of care
- Choices about first semester ultrasound scans
- Choosing how to birth your baby: for women without a previous caesarean section
- Choosing how to birth your baby: for women with a previous caesarean section
- Choosing how you labour will start
- Monitoring your baby during labour
- Choices about epidural
- Choices about episiotomy
- Birthing your placenta
- Using a bath or pool during first stage labour
- Choices about clamping your baby's umbilical cord

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The Queensland Centre for Mothers & Babies is an independent centre based at The University of Queensland and funded by the Queensland Government.

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