Guideline for Ambulation and Upright Positioning During Labor and Childbirth

**UMMCH 6.21.2016**

**Purpose:**

To provide a guideline for providers and nurses to assist women in active labor with ambulation and upright positioning, to promote spontaneous labor progress, shorten first stage of labor, enhance maternal comfort and coping, and reduce cesarean births.

Definitions:

*Active labor: accelerated cervical dilation typically beginning at 6 cm dilation*

**Policy**

1. All laboring women will have freedom of ambulation, movement during labor and access to labor tools. These may include but are not limited to labor ball, cub**®**, sling, peanut ball, squat bar, and birth stool. Intermittent auscultation and telemetry will be used as appropriate.
2. All women will be provided information about the benefits of mobility and upright positioning, and offered assistance to assume desired position.

**Guideline:**

1. Promotion of ambulation and upright positioning is encouraged and supported by any maternity care team member; as well as the laboring woman and any support persons
2. All laboring women are offered space for changing positions and mobility as desired
3. Information about the benefits of mobility and repositioning will be provided and discussed with laboring women
4. Birth tools will be available for laboring women, including but not limited to the birth ball, birth mat, sling, cub**®**, squat bar and telemetry monitors as needed.
5. Birth tools will be inspected prior to use.
6. Indications for use:
	1. Maternal coping
	2. Maternal comfort
	3. Fetal malposition
	4. Labor dystocia
	5. Maternal request
7. Criteria for assuming any position:
	1. Woman is able to support herself without risk of injury
	2. Nurse, provider, or another support person available to assist
	3. Steady maternal gait
	4. Woman is able to call for assistance if needed
	5. Woman is oriented to assistive devices if used (ie birth ball, sling, cub**®)**
	6. Provider or nurse will continuously assess appropriateness of labor position
	7. FHTs are able to be assessed per guidelines
	8. Room is clear of obstacles
8. Contraindications
	1. Ruptured membranes without engagement of fetal head
	2. Unstable blood pressure, balance and/or mentation
	3. Any condition requiring bed rest
9. Indications for lying down
	1. Maternal preference
	2. Maternal fatigue, impaired balance, dizziness or other factors that develop
	3. Abnormal FHT tracing not improved by upright position changes
	4. Use of intravenous opioid analgesia or regional analgesia
10. Documentation
	1. RN will document maternal position and ambulation status at least hourly, and at every position change
	2. Positions will include lying down (supine or lateral), sitting (rocking chair, cub**®**, etc.), hands and knees, kneeling, standing, and walking.

**External References**

Gupta, J.K., Hofmeyr, G.J., & Smyth, R. (2004). Position in the second stage of labour for women without epidural anaesthesia. *The Cochrane Database of Systematic Reviews* 2004, Issue 1. Art. No.: CD002006. doi: 10.1002/14651858.CD002006.pub2

Lawrence, A., Lewis, L., Hofmeyr, G.J., & Styles, C. (2013). Maternal positions and mobility during first stage labour (review). *The Cochrane Database of Systematic Reviews,* Issue 10. Art. No.: CD003934. doi: 10.1002/14651858.CD003934.pub4

Zhang, J., Landy, H., Branch, D., Burkman, R., Haberman, S., . . . Reddy, U. (2010). Contemporary patterns of spontaneous labor with normal neonatal outcomes. *Obstetrics & Gynecology, 116*(6): 1281-1827. doi: 10.1097/ACOG.0b013e3181fdef6e

**Related Policies:**

Fetal Monitoring and Intermittent Auscultation

Management of Early Labor