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Epidurals in labour: Will the birth be quicker if the woman is upright?



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Epidurals are a popular choice for pain relief in childbirth. You can read more about epidurals in our Fact Sheet (URL: <http://www.informedhealthonline.org/index.189.en.html>) . Epidurals relieve pain effectively (URL: <http://www.informedhealthonline.org/index.184.en.html>) , but there are disadvantages, too. The second or pushing stage of labour is longer, and the risk of needing a so-called 'instrumental delivery' or assisted birth is higher. That means a birth where forceps or a vacuum extractor is used to help with the baby's birth. One of the recommendations made to try to avoid this is to stay more upright during the birth. Staying upright for the birth means sitting up, being propped up or having the bed tilted up.

There are other arguments made in favour of a more upright position. There are several theories about why being upright may help with birth. One is that gravity might help the baby come down the birth canal. There may be less pressure on the woman's blood vessels. That could help with the flow of blood to the muscles and baby. Contractions might be more effective, and the baby might be more likely to enter the birth canal in the best possible position.

To answer these questions, researchers from the University of Sydney looked for trials that studied what happened when one group of women with epidurals gave birth in a more upright position than a comparison group of women. This showed that this question has still not been very well-studied. The researchers only found two trials with less than 300 women.

They could not draw very firm conclusions because of the small number of women in the trials. This means that the question of whether or not upright position reduces the need for assisted births or caesarean sections remains unanswered. It is also unclear whether or not it has an impact on the baby.

However, there were enough data to show that being more upright shortened the length of labour. One of the trials measured the length of the second stage of labour. This is the later part of labour after the cervix (opening of the uterus) is fully open and the woman gives birth. This was an average of 24 minutes shorter in the group of women encouraged or enabled to be more upright.

The other trial measured the length of the whole labour. Labour was just over one hour shorter on average in the group of women encouraged or enabled to be more upright.

Not every woman with an epidural can be more upright, and not all women want to be. The trials did not report whether women preferred being upright or lying down.

Sources

Roberts CL, Algert CS, Cameron CA, Torvaldsen S. A meta-analysis of upright positions in the second stage to reduce instrumental deliveries in women with epidural analgesia. *Acta Obstet Gynecol Scand* 2005; 84: 794-798. (Summary on Medline) (URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=16026407)

The German Institute for Quality and Efficiency in Health Care (IQWiG)

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Evidence basis of our health information

Our information is based primarily on systematic reviews of the effects of health care. Systematic reviews are necessary to gain an objective picture of health care. In order to do this, a clear question is formulated. Researchers then find all the relevant studies that could answer this question. They then evaluate those studies.

You can find a list of the evidence and other scientific literature on which this information is based at [**www.informedhealthonline.org**](http://www.informedhealthonline.org)

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