

5. Avoid Giving Birth on Your Back, and Follow Your Body's Urges to Push

Watching women give birth on TV and in the movies, it is easy to think that there is only one way to push during birth—with the woman on her back with her legs propped up, holding her breath and pushing while others count to 10 and coach her to push harder. In fact, this is how most women in the United States push. But research tells us that this type of pushing is harder on mothers and babies than a more supportive approach.



Upright pushing positions use gravity to your advantage.

Use Upright Pushing Positions

Pushing while lying on your back is literally like pushing uphill. But if you stay off your back in the second stage of labor and use more helpful positions like standing, kneeling, squatting, or lying on your side, you use gravity to your advantage and allow your pelvic bones to stay loose and open to help the baby come down. This makes the entire pushing phase of labor shorter and easier—for you and your baby.

Most pregnant women have heard the advice that they should never lie on their backs late in pregnancy because the weight of the growing belly can reduce blood flow to the baby. This same advice holds true in labor! Babies are more likely to show signs of distress when women are flat on their backs while pushing.

Most labor rooms have adjustable beds that support a variety of upright pushing positions. Try adjusting the bed to experiment with different positions, such as squatting or kneeling and leaning toward the head of the bed. You might also want to have a squatting bar or birth stool available.

Spontaneous Pushing

When a woman follows her own body during the pushing stage of labor, she is likely to push when she feels a strong urge to do so, and she will hold her breath for only short periods of time, if at all. This is called “spontaneous pushing.”

Pushing when and how your body tells you to means you are pushing just the way you need to give birth to your baby. Pushing any harder, longer, or more often than you need to can be exhausting, and it puts more forceful pressure on the baby and the muscles and tissues of your pelvic floor. Not surprisingly, this increased pressure may cause stress for the baby and damage the pelvic floor. In addition, holding your breath while pushing may decrease your baby's oxygen supply.

PARTNER tip

Supporting Without Coaching

While coaching a woman how and when to push is rarely necessary and can even cause problems, most women do appreciate feedback when they are pushing.

Rather than give instructions, let your partner know she's doing a great job, and remind her that she knows just how to birth her baby. When you start seeing the baby's head, tell her! You can even show her the baby's head in a mirror or encourage her to touch the head as it begins to emerge. This can help her sense which type of pushing is most effective.



Hospital beds can be adjusted to support a variety of pushing positions.

RESEARCH insights

Researchers who looked at the entire body of research on position in the pushing stage found that women who gave birth using upright positions had a shorter pushing time and less severe pain than women who gave birth while lying on their backs.

Benefits of Upright Pushing

- A shorter second stage of labor
- A possible reduction in vacuum- or forceps-assisted birth
- Less severe pain
- Fewer abnormal fetal heart-rate patterns
- Fewer episiotomies
- Less damage to the vagina and perineum

Research also suggests that spontaneous pushing is more beneficial than coached pushing.

Benefits of Spontaneous Pushing

- Less damage to the perineum
- Stronger pelvic floor muscles several months after birth (this may reduce incontinence)
- Fewer abnormal fetal heart-rate changes

Pushing With an Epidural

An epidural will likely decrease and delay your ability to feel and respond to the urge to push and makes it harder to assume some upright positions. However, research finds that there are ways to increase the likelihood of your giving birth vaginally when an epidural is used:

- Wait for the urge to push before beginning to bear down. This may take an hour or longer. During this time, the force of your contractions alone will help bring the baby down and rotate her head into the best position.
- Ask for help getting into a side-lying or an upright position—such as sitting or squatting, using a support bar. Most women with epidurals can use these positions with a little assistance.

Some care providers suggest letting the epidural wear off before pushing. Unfortunately, research suggests that this practice does not decrease the likelihood of a forceps- or vacuum-assisted birth.

TALK it over

Speaking Up for Good Care During Pushing

The pushing stage of labor tends to be the part of labor that is most managed by care providers, who often have a certain way they prefer to care for women while they push. Discuss this with them well before labor, and share your desires to use upright positions and spontaneous, non-directed pushing.

When it comes time to push, get into whatever position feels best, and remind your care provider and support people that you want to follow your own urges and will ask for direction if you need it.