



## UNIVERSITY OF PORT HARCOURT

### Introduction

Maternal positioning during the second stage of labor significantly affects maternal and neonatal outcomes. While modern medical practices predominantly promote the supine birthing position, research suggests that upright positions may offer better outcomes. However, evidence specific to Sub-Saharan Africa remains limited. This study aims to systematically review and compare maternal and neonatal outcomes associated with upright and supine birthing positions in the region. The choice of birthing positions has an important effect on maternal and child health even after delivery

### Discussion of Findings

**Shorter labor duration** in upright positions (e.g., Ethiopia study: 56 min vs. 82 min in supine).

**Reduced instrumental deliveries & C-sections** in upright positions.

**Less maternal pain & higher satisfaction** in upright positions.

**Lower perineal trauma & episiotomy rates** (e.g., Benin study: 3.5% vs. 8%).

**Better neonatal outcomes** with **higher Apgar scores & fewer NICU admissions**.

Upright birthing positions **enhance maternal and neonatal outcomes**. Clinical guidelines should **prioritize and promote upright positions** for better delivery outcomes in Sub-Saharan Africa.

### Objectives of the Seminar Presentation

To determine the midwives utilization of different birthing positions during the second stage of labour.

To provide evidence-based recommendations for optimizing labor and delivery practice

### Methodology

Systematic literature search in **PubMed, Scopus and Google Scholar** (2004–2024). Inclusion criteria: Studies comparing **upright vs. supine** positions, conducted in **Sub-Saharan Africa**, and reporting maternal/neonatal outcomes. Five studies from **Nigeria, Ethiopia, Benin, Tanzania, and South Africa** met the criteria. Data analysis followed a thematic approach, focusing on key maternal and neonatal outcomes.

### Results

The key findings include: Labor duration showed that upright positions shortened the second stage of labor compared to the supine position. In that of mode of Delivery, upright birthing was associated with lower instrumental delivery and cesarean section rates. Women in upright positions reported reduced pain and greater satisfaction. Fewer perineal tears and lower episiotomy rates were observed in upright deliveries. Higher Apgar scores and reduced NICU admissions were noted for neonates born in the upright position.

### Table: Thematic Review

Themes	Sub-Themes
Maternal Outcomes	Duration of labor, Mode of delivery, Maternal pain, Perineal trauma
Neonatal Outcomes	Apgar scores, NICU admissions, Neonatal trauma

### Recommendations/Contributions to Knowledge

**Recommendations:** Hospitals and institutions should provide the necessary facilities and policies and trainings that would encourage mothers and midwives to know, learn and use the alternate birthing position. Encourage further research in diverse Sub-Saharan settings.

**Contributions to Knowledge**

Fills a knowledge gap on birthing positions in Sub-Saharan Africa.

Supports evidence-based practice for reducing maternal/neonatal mortality.

Informs policy changes in maternity care.

### CONCLUSION

**Upright birthing positions enhance maternal and neonatal outcomes. Clinical guidelines should prioritize and promote upright positions for better delivery outcomes in Sub-Saharan Africa.**

### REFERENCE

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