

Positioning in the Pushing Stage of Labor

As labor progresses, your contractions will move your baby down the birth canal. When your cervix is fully dilated, you will be ready to push. During the pushing stage, a nurse, midwife or physician may ask you to try one or more of these positions to help deliver your baby.

Changing pushing positions

Change your pushing position about every 20 minutes (every 5 to 6 contractions). This can help your baby rotate and move down the birth canal.

Changing positions during the pushing stage has benefits. These may include:

- A shorter delivery time
- A lower chance that you will need forceps or a vacuum during birth
- A lower chance of a cesarean section (C-section)

What you can do

- Switch from restful (side lying, closed knee) to active (semi-seated row bars or tug-o-war, hands and knees or squatting on a squat bar) positions.
- Take advantage of gravity. Use upright squatting and hands and knees positions.
- Keep your hips flexible. Use side lying and hands and knees positions.
- Keep the pelvic floor open. Use closed knee, semi-seated and squatting positions.
- Do not use a position that does not feel right.

If you have any questions, ask your healthcare team.

See back for positions.

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Side lying

- Allows flexibility in the hips
- Helps the baby rotate
- Can prevent vaginal tears



Hands and knees

- Uses gravity
- Allows flexibility in the hips
- Helps the baby rotate



Squatting

- Uses gravity
- Opens the pelvic floor
- Helps the baby rotate



Closed knee

- Widens the pelvis



Semi-seated (row bars or tug-of-war)

- Expands the pelvis
- Helps with the force of pushing