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Bringing Innovative Resources To Help midWives Include positions which Support physiology in birth Encounters: the BIRTHWISE service evaluation project proposal

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Inclusion statement: Literature and language about pregnancy are often feminised, however this author acknowledges that not all people who are pregnant are female. The word 'woman' is used generically to describe the majority of people who gestate pregnancies; however, this is not intended to isolate those in the minority.

Background

The wisdom of midwives is vital in the current obstetric climate to improve modern midwives' ability to promote physiology friendly positions (Jowitt, 2020). Restricted movement during labour has emerged due to the medicalisation of birth in our modern society. Prevalence of the obstetrically designed labour environment often compels women to adopt positions that prevent an evolutionarily sympathetic and efficient labour. This often increases levels of pain and intervention unnecessarily (Lawrence *et al.*, 2013). Evidence suggests that positions women chose in labour when uninfluenced are upright, active and in line with physiological principles (Jowitt, 2020). However, in the UK, around 49% of women give birth in a supine position (Westbury, 2014). Current practice in Somerset limits midwives' ability to promote physiologically friendly labour positions.

Aim

The aim of this audit is to identify labour and birth positions amongst induced primigravida women on an obstetric-led unit and to explore barriers to midwives facilitating upright positions.

Methods

This evaluation study includes two methods: reviewing women's records and a focus group with midwives.

Setting and population

The obstetric-led unit (Labour Ward) at Somerset NHS Foundation Trust supporting around 2800 births annually.

Audit of records

Records of care will be reviewed from October-December 2023. Evaluation study inclusion criteria and planned data collection variables are presented in Table 1.

Focus Group

One focus group will be organised with six consenting Labour Ward Midwives. The focus group discussion will be about barriers and enablers to facilitating upright positions in labour and birth in their practise. A semi-structures interview guide will facilitate the focus group discussion. The focus group will be recorded and transcribed. The six-steps of thematic analysis will be applied (Braun and Clarke, 2006).

Discussion and impact

Auditing the prevalence of supine labouring positions of women at high-risk of cascading intervention is important because there are associations in the available evidence that suggest upright positions can reduce interventions (Borges *et al.*, 2021).

Midwives are uniquely positioned to encourage physiology friendly positions. Therefore, identifying barriers could enable future empowerment and motivation for midwives to evolve their evidence-based practise.

The impact of this audit might raise awareness midwives to support physiology friendly positions. This could improve women's experiences, outcomes, and satisfaction, reduce hospital stays and complications. Additionally, the audit results might increase midwives' satisfaction, retention, and autonomy.

Table 1: Inclusion criteria and data collection

Study inclusion criteria for record review	Data collection variables
Primigravida	Synthetic Oxytocin use
Attending Labour Ward for their birth	Epidural pain relief use
Induction of labour for SROM and PROM, postdates, LGA, maternal request, other non-foetal compromise reasons.	Length of active labour and 2 nd stage
Women at high risk of cascading intervention	Upright positions used
	Number of position changes
	Mode of birth

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