Indonesian Journal of Perinatology (*Perinasia)* 2024, Volume 5, Number 1: 19-28
P-ISSN. 2775-0744, E-ISSN. 2775-0736

Published By : PERINASIA
The Indonesian Society of Perinatology

Various birth techniques: home birth, water birth, lotus birth, hypno birth, and birth position

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Received: 2024-01-12
Accepted: 2024-02-28
Published: 2024-04-06

ABSTRACT

Background: The birth process varies greatly; health workers should be able to provide education about each technique and help patients plan their labor process. Each delivery technique is assessed from the mother's side and the baby's side, not only for patient satisfaction but also for patient safety. This article will provide a review of various birth technique known which are home birth, water birth, lotus birth, hypno birth, and including various birth position.

Methods: This article is a systematic review of qualitative and quantitative studies from studies published in PubMed, Cochrane, the British Medical Journal, BioMed Central, and Elsevier, published in 2015 to 2023. The study sample included healthy maternal nulliparous or multiparous women with a low risk of complications. The focus of the research is on childbirth using home birth techniques, water birth, lotus birth, hypno birth, and birth positions. This article includes research conducted in hospitals, maternity homes, and patients' homes.

Results: There are 6 studies included in this review. Each of which provide the perspectives and experiences of patients and healthworkers regarding various birth technique used.

Conclusions: Each birthing technique has its own advantages and disadvantages. Each birthing technique also has its own recommendation criteria so that a birthing technique cannot be used for every birthing patient. The birthing technique and birthing position must be adjusted to the patient's condition and the medical facilities available at that time.

Keywords: birth position, birth technique, home birth, hypno birth, lotus birth, water birth.
Cite This Article: Winata, I.G.S., Harrista, D.V., Setiawan, W.A. 2024. Various birth techniques: home birth, water birth, lotus birth, hypno birth, and birth position. *Indonesian Society Of Perinatology* 5(1): 19-28. DOI: 10.51559/inajperinatol.v5i1.52

INTRODUCTION

For many hopeful patients, preparing for labor has become a crucial aspect of the birthing process. The degree of patient satisfaction with the birth experience varies and can be influenced by the quantity of requests made, the degree to which the birth plan is followed, the delivery method, and the occurrence of difficulties during or after the birth. The theory that patients with a birth plan may require fewer interventions during delivery is well-supported by research. Interest in birth options other than the standard medical hospital birth experience is growing along with the usage of customized patient birth plans.[1]

A home birth is any birth that takes place away from a medical facility. The incidence of home births is 28% worldwide, with the highest prevalence occurring in East Asia and the Pacific Region at roughly 38%, and the lowest in Europe and Central Asia at around 5%. Twelve countries—seven of which are in Sub-Saharan Africa—have a home birth rate of greater than 50%. In terms of the wealth index, the quintile with the highest income (quintile 5) has the lowest percentage of home births overall. However, the largest frequency of home births is typically found in the lowest neighborhood group (quintile 1). In terms of education, home births are most common among women with less education. Regarding area of residence, in almost all countries studied, women in rural areas generally have a higher proportion of home births compared to women in urban areas.[2]

A water birth involves the woman submerging herself in water and giving birth to the child there as well. Warm water immersion has been utilized both in the initial and second phases of labor to provide relaxation and pain reduction. Being submerged in water can help mothers feel better since it gives them greater mobility and comfort in their chosen positions. Additionally, by blocking pain signaling pathways, it might lessen discomfort. Lotus birthing involves giving birth without severing the umbilical cord. It can take three to ten days for the placenta and umbilical cord to naturally come off the newborn after being left attached. Passive management of the third stage of labor is used, without the use of uterotonics and without pulling on the umbilical chord. In order to facilitate drying and lessen odor and bacterial growth, the placenta is cleaned, dried, and treated with a mixture of salt and spices after delivery. Typically, rosemary and lavender are utilized. After that, the placenta is placed in an airtight container.[1]

Through the instillation of the concept that any pregnant woman can give birth naturally, worry-free, hypnobirthing is a style of childbirth that uses hypnosis techniques to decrease anxiety and promote comfort during the process. It is thought that this method can both enhance the quality of delivery and provide mothers more control over the birthing process.[3] Pregnancy visits should

include frequent discussions about birth plans and possibilities. The different positions that a pregnant woman can adopt during childbirth are referred to as birth positions. It takes a lot of work and discomfort to give birth to a child. The ease of delivery is, however, significantly influenced by the patient's position during childbirth. It can be easier to give birth in certain postures during labor. When it's time to push, patients don't always need to be in the supine position; there are other appropriate birthing positions that they can adopt.[4] This article aimed to provide a review of various birth technique known which are home birth, water birth, lotus birth, hypno birth, and including various birth position.

METHODS

This article is a systematic review of qualitative and quantitative studies from studies published in PubMed, Cochrane, the British Medical Journal, BioMed Central, and Elsevier, published in English from 2015 to 2023. The study sample included healthy maternal nulliparous or multiparous women with a low risk of complications. Apart from that, it also reviewed midwives and other professional health workers involved in obstetric services. The focus of the research is on childbirth using home birth techniques, water birth, lotus birth, hypno birth, and birth positions. This article includes research conducted in hospitals, maternity homes, and patients' homes. Analyzing the narrative views, experiences, and points of view of the relevant health professionals as well as the pregnant women and midwives allowed for the completion of the assessment. Our goal is to provide a thorough understanding of the experiences of expectant mothers, midwives, and healthcare professionals during labor through the use of hypnobirth, home birth, water birth, lotus birth, and birth position techniques through synthesis and analysis.

RESULTS

Table 1 summarizes the characteristics from the inlcuded studies in this manuscript.

DISCUSSION

Homebirth

A study conducted in Indonesia found that home births occur for a variety of reasons. One topic presents positive motives, while three other themes represent the respondents' negative ones. Living with incorrect notions about giving birth at home, feeling socially alienated from the community, and having restricted access to health services are the three unfavorable causes. The respondents' primary motivation is to avoid the stress that comes with childbirth.[8]

Similarly, in neonatal health outcomes, in most cases, a high Apgar score and a low probability of morbidity and mortality are achieved regardless of parity. Lastly, obstetric interventions during birth and postpartum planned at home were also assessed, as well as their relationship with the duration of labor. Planned home birth offers low-obstetric intervention assistance both during labor and postpartum.[5]

Water birth

Research with a qualitative approach has consistently demonstrated that women who have given birth by water see numerous advantages in the procedure. These advantages include decreased labor pain and discomfort, an enhanced sensation of control and relaxation, a higher level of happiness with the birthing process, and better outcomes for the mother and the fetus.[6] With water immersion, there was a rise in mother satisfaction (OR 1.95; 95% CI 1.28 - 2.96) and the likelihood of an intact perineum (OR 1.48; 95% CI 1.21 - 1.79). These results demonstrate the possible advantages of water birth as a secure and practical choice for laboring mothers.[9]

Aughey et al. conducted a retrospective cohort analysis which found that, in comparison to conventional delivery, immersion during the second stage of labor was linked to a lower incidence of third- and fourth-degree lacerations as well as a lower risk of infant morbidity.[1,7] In a retrospective analysis of 58 water births, water births were linked to a higher incidence of postpartum hemorrhage in the second stage when compared to traditional births. The outcomes for newborns in each group were identical. Researchers observed a higher rate of maternal infections and infant umbilical cord avulsions with immersion in the second stage of labor in a study comparing 17,530 water births with 17,530 land births. Researchers did discover better results, though, when it came to hospitalizations of mothers and newborns.[1,10]

Lotus birth

The decision to have a lotus birth is made for a variety of reasons, but is frequently explained as an attempt to strengthen the tie between mother and child by allowing for unbroken skin-to-skin contact, honoring the placenta, and believing that the placenta and the newborn have a spiritual bond. Additionally, proponents contend that if the placenta is let to attach, a significant volume of blood will be given to the unborn child because the baby and placenta are generated from the same cells and are therefore one unit.[1,7]

A case in Tanzania in 2022 reported a 36-year-old G2P0A1 mother who had a lotus birth; the labor went well, and the mother only allowed the administration of oxytocin (10 IU) without administering painkillers. The mother also refused to give the baby vitamin K and antibiotic eye ointment. The mother and baby were sent home one day after delivery and checked again at the 2nd and 6th weeks after delivery. The mother reported that the umbilical cord fell off by itself on the 6th day, and until the time of control, the condition of the mother and baby was fine.[11] Likewise, there was a case of idiopathic neonatal hepatitis after Lotus Birth.[11]

When the child was two hours old, laboratory testing revealed metabolic acidosis with a base excess and pH of 6.95. After 12 hours of life, a baby's hemoglobin levels drop from 226 g/L in the umbilical cord at birth to 108 g/L. Internal bleeding, heart deformities, and infections were all ruled out.[12] Examining the perinatal history revealed that the placenta was positioned below the baby's height at that point, and the umbilical cord was purposefully left unclipped until the infant was about fifty minutes old. Given that hypovolemic shock was likely caused by the baby's significant blood loss through the placenta, prolonged cord clamping

Table 1. Characteristics of the included studies

Author, Year	Type of Research, Number of Samples (Period)	Region, Maternal Age, Definition of premature birth (characteristics)	Results and Reported Data
Whittington, et al., 2023.[1]	**1.Types of research** The type of research presented in the article is a qualitative and descriptive study regarding alternative birth strategies and their impact on the birth process. **2. Number of Samples (Period)** The research involved a systematic search conducted by a university officer using scientific publication databases such as PubMed and CINAHL. Search results allowed identification of 523 abstracts, of which two authors reviewed all abstracts and accepted relevant full articles. After that they conducted a reference evaluation of the full articles to identify more additional articles. In the end, this paper relies on 36 articles as the basis for the review (references 1 to 36)	**1. Region** Research reviews that alternative forms of birth often occur in the United States (US). For example, studies of community births tell the story of the situation in the US, including villages that may not have sufficient emergency transportation structures **2. Mother's Age** Maternal age is not considered exclusively in this document, but in some studies, the pathogenicity criteria guidelines for community births usually involve mothers who are normal and have no history of complex health conditions. **3. Definition of Premature Birth** • Premature birth is assessed based on gestational age, with a global standard minimum limit of 37 months weeks (BM) or earlier • General Definition: Pregnant at less than 37 BM • Eligibility for Home Birth: Studies show eligibility criteria for home birth include singleton, presence of animal brain broadcast (FOC), category I fetal pulse tracing, and no symptoms of infection or mobility-reducing drug regimen	**Perspectives and Experiences of Pregnant Women** 1. Birth Plan: Many pregnant women prepare a birth plan to increase post-natal satisfaction. However, this satisfaction can vary depending on how many requests in the plan are met and whether complications occur. 2. Alternative Birth Strategies: The trend of giving birth outside of a hospital, such as at a birth center or at home, is growing in popularity. Although the neonatal risk is slightly increased, there is still debate regarding the best environment for giving birth. The safety of out-of-hospital birth depends on the support structure and ability of rapid transfer to a medical facility. **Perspectives and Experiences of Health Workers** 1. Birth Plan Support: Midwives and medical personnel support birth plan discussions during pre-natal visits, even though giving birth outside of hospital is known to carry additional risks. 2. Hot Water Immersion: Hot water immersion is thought to reduce the pain and duration of the first stage of labor without medication, but immersion in the second stage of labor is not yet recommended by ACOG. **Safety and Health** 1. Risks of Out-of-Hospital Birth: Out-of-hospital birth offers benefits such as reduced risk of cesarean section and other obstetric interventions. However, it also holds the potential for higher neonatal risks for some cases, prompting recommendations against this practice by US gynecologists. 2. Unique Childbirth Techniques: Techniques such as water immersion, lotus knee ties, and placenta ingestion are not recommended due to lack of evidence of benefit and documentation of real risks. **Cultural and Social Context** 1. Preference for Out-of-Hospital Birth: This preference may be influenced by psychological background, including pandemic stress and dissatisfaction with the traditional birth experience. 2. Access and Education: There are differences in access to birth options based on socioeconomic background, highlighting the importance of public education and democratic access to birth options.

Author, Year	Type of Research, Number of Samples (Period)	Region, Maternal Age, Definition of premature birth (characteristics)	Results and Reported Data
Hernández-Vásquez et al., 2021.[2]	**1. Types of research** 2. This research is a meta-analysis that uses demographic and health surveys (DHS) as a data source **3. Number of Samples (Period)** Data used from 67 Low-Middle Income Countries (LMIC) between 2000–2019: • Total information on 888,513 births to 636,334 women submitted in 588,070 households • The total period used is 20 years starting from 2000 to 2019	**1. Region** • This analysis takes data from 67 Low-Middle Income Countries (LMIC): • Geographical Zones: The results of the clustering methodology of the Dutch National Statistical Organization (NSO) are used to group countries based on geographical zones. • Countries with the largest proportions of home births include Chad (78%), Ethiopia (73%), Niger and Yemen (70% each). **2. Mother's Age** There is no specific information regarding the maternal age limit in this study. The metrics used are education variables and wealth index **3. Characteristics of Premature Birth** • Children born before the normal gestation period (around 37-42 weeks) are considered premature births. • Risk factors for premature birth include a history of previous premature birth, short intergenetic distance, reproductive disorders, obesity, diabetes, hypertension, genital tract infections, and psychosocial stress.	**Perspectives and Experiences of Pregnant Women** 1. Experience of Home Birth: In low and middle income countries (LMIC), home birth is an important phenomenon with approximately 28% of women giving birth at home. 2. Sociodemographic Factors: The decision to give birth at home is influenced by a variety of factors including economic necessity, education level, geographic location, and cultural environment. **Midwives' Perspectives and Experiences** 1. Role of Health Workers: Midwives and other health workers play a key role in providing professional and safe midwifery services. 2. Competence and Training: WHO emphasizes the importance of minimum competency for health workers attending births, with training and support for midwives and local medical personnel being essential for the promotion of safe institutional births. **Safety and Health** 1. Health Risks: Delivery without competent health care providers increases the risk of maternal and infant mortality, especially in LMICs due to limited health structures and access to services. 2. International Strategy: Global efforts focus on the importance of births attended by skilled health personnel to improve health outcomes. **Cultural and Social Context** 1. Influence of Traditions and Cultural Values: Birth place preferences are often influenced by traditions and cultural values, with a high proportion of home births in some regions of Sub-Saharan West Africa and the Middle & Northern East. 2. Socioeconomic Factors and Location: Lower economic status and limited access to education and health services in rural areas contribute to the prevalence of home births.

Author, Year	Type of Research, Number of Samples (Period)	Region, Maternal Age, Definition of premature birth (characteristics)	Results and Reported Data
Yulizawati et al., 2023.[3]	**1. Types of research** Literature Review (Literature Review). Involved data analysis of 21 articles that matched the search criteria **2. Number of Samples** The total articles evaluated were 21 articles from 14 journals which focused on the theme of hypnobirthing and anxiety in pregnant women	**1. Region:** The research team did not provide specific geographic details in the documents I found. However, the title and publisher references indicate that this research was conducted by academics from Indonesia **2. Mother's Age:** The results of this study do not provide specific statistics about the age of the mothers involved in each article reviewed. However, this research shows that the emotions and anxiety experienced by pregnant women vary depending on their physical, psychological and social situation. So, the age figures for the mothers involved in each study may be different. **3.Definition of Premature Birth (Characteristics):** According to the definition of the International Federation of Obstetricians and Gynecologists (FIGO), premature birth is a condition in which the baby is born at less than 37 weeks or 259 days of sleep. Typical characteristics of premature birth include: • Babies with low birth weight or relatively small body weight. • Vital organs are still mature or not ready to live widely outside the womb. • High risk of medical disorders such as neonatal respository, internal hemorrhoids, retinopathy of prematurity, and nutritional deficiencies.	**Benefits of Hypnobirthing for Pregnant Women** 1. Anxiety Reduction: Hypnobirthing techniques have been proven to be effective in reducing anxiety during pregnancy and the birth process. This method helps pregnant women feel calmer, more comfortable and confident during the birthing process. 2. Increased Comfort and Confidence: Analysis of 21 journal articles showed that hypnobirthing promoted a sense of comfort and confidence in one's own body, and reduced levels of anxiety from moderate to severe. **Perspectives of Midwives and Health Professionals** 1. Psychological Support: Hypnobirthing is recognized as a drug-free alternative method that provides positive psychological support for pregnant women, allowing midwives to focus more on reducing risks and complications during birth. 2. Medical Risk Reduction: Implementing hypnobirthing can help reduce the risk of caesarean section, infection, bleeding, and preeclampsia. **Cultural and Social Aspects** Environmental Influence and Myths: Anxiety related to the birth process is often influenced by the social environment and myths circulating in society. Education and promotion of services such as hypnobirthing can help create a safer and more supportive atmosphere for pregnant women.

Author, Year	Type of Research, Number of Samples (Period)	Region, Maternal Age, Definition of premature birth (characteristics)	Results and Reported Data
Brunton et al., 2021.[5]	**1. Types of research** The research reviewed by the research team included descriptive analyzes of scientific literature reporting stakeholders' perspectives, opinions, and experiences regarding home birth. The methodology used was a systematic scoping revision to identify general characteristics of the study, including population, background, and identification issues, as well as collocating potential gaps in the research evidence. **2. Number of Samples (Period)** This report includes 460 research reports that passed the selection, spread across 73 countries. This data was extracted from references found between January 2010 to April 2021	**1. Region** In the systematic scoping research filed by Frankfurter, the research covered 73 countries from all over the world. Broadly speaking, research history is grouped into four categories: • High Sustainable Countries (HRC) – Consists of 25 countries, for example England, United States, Australia, and others. • Medium and Low-Resource Countries (LMRC) – Consists of 48 countries, for example Ethiopia, Brazil, Nigeria, Tanzania, and others. **2. Mother's Age** Maternal age was not directly captured in this study. **3.Premature Birth (Definition of Characteristics)** There is no specific definition of premature birth in this document.	**Perspectives and Experiences of Pregnant Women** 1. Prevalence: In highly developed countries (HRC), between 1–16% of women choose to give birth at home. 2. Research: The primary focus of global research is on women who are planning or have given birth at home, with studies also including specific populations such as first-time pregnant women, local ethnic groups, immigrants, and rural residents. **Midwives' Perspectives and Experiences** 1. Professional Training: Especially important for midwives in highly developed countries, where they are often the main subjects of research regarding home birth services. 2. Lack of Studies: There is a lack of studies involving community leaders, policy management, and other health professionals. **Perspectives and Experiences of Health Workers** Understanding and Satisfaction: Research explored individual and organizational perspectives on satisfaction with home birth services, including partner and family perspectives. **Safety and Health** 1. Risk and Health System Integration: For low-risk women, health system support for home birth in highly developed countries is considered comparable to delivery in a medical facility. 2. Emergency Issues: Emergency transfer from home to hospital is a concern in research. **Cultural and Social Context** 1. Environmental Influences: Widespread national and social differences influence decisions about home birth. 2. Lack of Studies: There is a lack of studies targeting vulnerable populations, such as new generations, young people, and migrants.

Author, Year	Type of Research, Number of Samples (Period)	Region, Maternal Age, Definition of premature birth (characteristics)	Results and Reported Data
Reviriego-Rodrigo et al., 2023.[6]	**1. Types of research** The research reviewed in the documents provided is a systematic review and qualitative thematic synthesis. This method involves collecting and analyzing qualitative data from multiple studies to identify common themes and experiences reported by research subjects **2. Number of Samples** In the systematic review conducted, there were 13 studies that met the inclusion criteria and were included in the analysis. These studies were published between 2013 and 2020. The methodology used in these studies varied, and the most commonly used qualitative method for data collection from women and midwives was interviews	**1. Region** The studies reviewed covered eight different countries, namely Australia (n=4), United Kingdom (n=2), Sweden (n=2), Canada (n=1), Portugal (n=1), Greece (n= 1), Scotland (n=1), and the United States (n=1) **2. Mother's Age** In the documents provided, there is no specific mention regarding the age of the mothers who participated in these studies. This study generally involves nulliparous or multiparous women in labor with healthy singleton pregnancies and a low risk of complications **3. Definition of Premature Birth** The definition of premature birth generally refers to birth that occurs before 37 completed weeks of pregnancy. However, in the context of the studies reviewed, no specific information was provided regarding the definition of preterm birth or related characteristics used in these studies. This study focused on the experience of water immersion during labor and did not explicitly address preterm birth.	**Perspectives and Experiences of Pregnant Women** 1. Decision Making: Women planning a water birth seek information via the internet and social networks and wish to limit medical interventions. 2. Support: Support from doulas and midwives is very important, even though many face resistance from the environment. 3. Experience: While not all women give birth in water, positive experiences and feelings of empowerment are common, with many expressing a desire to give birth in water again. **Midwives' Perspectives and Experiences** 1. Preparation: Preparedness includes adequate resources, effective midwife training, and strict implementation of standard protocols to ensure safety and satisfaction in water births. 2. Perspectives and Experiences of Health Workers 3. Australian study: Research into motivation and experiences of hospital water births emphasizes the importance of support, particularly from midwives, for successful water births. **Safety and Health** 1. Benefits of Water Birth: As a non-pharmacological method, water immersion helps relieve pain with benefits felt by the woman. 2. Safety Protocols: Water birth safety requires proper resources, training, and protocols. **Cultural and Social Context** 1. Women's Empowerment: Water birth contributes to increasing women's self-confidence and self-esteem, driving demand for physiology-based birth care. 2. Evidence-Based Care: Official bodies encourage evidence-based care in health centers to empower women to make informed decisions and minimize obstetric interventions.

Author, Year	Type of Research, Number of Samples (Period)	Region, Maternal Age, Definition of premature birth (characteristics)	Results and Reported Data
Aughey et al., 2021.[7]	**1. Types of research** National retrospective cohort study. This study used data routinely collected in midwifery care in England between 1 April 2015 and 31 March 2016. The data were obtained from three population-level electronic data sets linked together for the purposes of the national audit of midwifery care **2. Number of samples** 46,088 spontaneous single-term vaginal births in low and intermediate risk women across 35 NHS Trusts in England. Of these, 6,264 (13.6%) were recorded as having occurred in water	**1. Region** This study found that there were disparities in water birth choices based on region and socioeconomic status. Women from areas with higher levels of poverty are less likely to choose water birth than those from more affluent areas. Specifically, women from the most deprived quintile of areas were only half as likely to have a water birth as those from the most affluent areas (7.7% compared with 18.9%, adjOR 0.47 (0.43, 0.52)) **2. Mother's Age** The mother's age also influences the decision to give birth in water. Water birth is more often chosen by women aged up to 40 years. Specifically, women aged 30-34 years and 35-39 years were more likely to choose water birth compared to those aged 25-29 years. In contrast, water births were less common among younger women, especially those under 25 years of age, and women over 40 years of age had lower odds of water births (8.6%, adjOR 0.60 (0.48,0.74)) **3. Definition of Premature Birth** Although this study did not directly define preterm birth, in general preterm birth is defined as birth that occurs before 37 weeks of pregnancy are completed. In the context of this study, the analyzed cohort was limited to women who delivered at term gestational age (37+0 to 42+6 weeks gestation) and had a spontaneous vaginal delivery, which excluded preterm birth from the analysis.	**Perspectives and Experiences of Pregnant Women** 1. Preference for Water Birth: As many as 13.6% of women in the UK prefer water birth, with a higher trend among women aged up to 40 years. 2. Disparities Based on Age, Ethnicity, and Socioeconomics: Women under 25 years of age, from lower socioeconomic status, and from ethnic minority groups are less likely to choose water birth. **Perspectives of Midwives and Health Workers** 1. The Importance of Equal Access: Provide equal access to water births and ensure that all women, especially from ethnic minority groups and areas with low socioeconomic status, receive adequate information and support. 2. Need for Further Research: Further research is needed to understand women's experiences and perspectives in the context of water birth and to identify ways to support their needs and preferences. **Safety and Health** 1. Health Benefits: There is no association between water birth and low Apgar scores or obstetric anal sphincter injury. Water birth is associated with a reduced risk of postpartum bleeding and the baby's need for neonatal care. 2. Safety Conclusion: The study found no evidence for or against water birth in terms of safety. **Cultural and Social Context** Disparities in Access and Choice: There are disparities in water birth access and choices based on age, ethnicity, and socioeconomic factors, indicating barriers to access and possible lack of information or support.

may likewise be extremely risky.[13] When compared to general newborn care at the institution, the study also gathered data regarding other newborn interventions in these six patients and discovered that they were less likely to permit routine newborn care, such as lower rates of erythromycin eye ointment (50% vs. 94.1%), intramuscular vitamin K administration (33.3 vs. 97.7%), and hepatitis B vaccination (16.7% vs. 86.4%).[14]

Hypnobirth

According to research on nine trials included a sample of 2,954 expectant mothers, the hypnosis group's participants were less likely than the control group to take prescription analgesics or painkillers (RR 0.73; 95% CI 0.57 - 0.94). Neither spontaneous normal labor (mean RR 1, 12, 95% CI 0.96 - 1.32) nor feelings of dealing with labor (MD 0.22, 95% CI -0.14 - 0.58) showed any discernible differences. Women in the hypnosis group who also received pethidine (MD 0.41, 95% CI -0.45 - 1.27), Entonox (MD 0.19, 95% CI -0.19 - 0.57), self-hypnosis (MD 0.28, 95% CI -0.32 - 0.88), or epidural (MD -0.03, 95% CI -0.40 - 0.34), did not show a significant difference in satisfaction with pain relief (measured on a seven-point scale two weeks postpartum). Measuring satisfaction with pain treatment by the proportion of women reporting appropriate pain reduction, there was no discernible difference (RR 1.06, 95% CI 0.94 - 1.20).[15] However, Azizmohammadi et al. point out that more study is required to substantiate the efficacy of hypnosis in alleviating labor pain, as there is a dearth of scientific studies on the subject.[16]

The challenges faced by women having hypnobirth, according to Finlayson et al., are when the midwife misinterprets them in their relaxed state when they arrive at the hospital or when their expectations are not met throughout labor. Due to the fact that hypnotherapy techniques are not often acknowledged by health professionals and birth outcomes may differ from the patient's expectations, this can lead to feelings of frustration and disappointment.[17]

Birth Position

The primary arguments in favor of the birthing position are comfort and ease of delivery. In the meanwhile, there are additional causes such as overcrowding in the delivery area, lack of awareness of alternate options, and trouble switching to instrumental delivery.[18] Hip flexion, as experienced when squatting, greatly increases the angle of movement of the fetal head via the pelvic, neck, and uterine axes, as well as the pelvic floor, facilitating spontaneous vaginal delivery.[4] A flexible position of the sacrum can also shorten the duration of the second stage of labor.[19] There also seems to be a higher chance of a caesarean section during labor when it happens in the supine position. Because shifting positions frequently helps reduce fatigue, boost comfort, and enhance blood circulation in mothers.[4] However, Huang et al. state that standing can result in blood loss exceeding 500 milliliters, thus midwives need to be ready to handle any crises that may arise.[20] The impact of employing an upright position as opposed to a horizontal position on the length of labor and delivery as well as operative delivery, however, is yet unknown, according to Kibuka et al. To enable safe replication of this strategy, an accurate characterization of each position and its maternal biomechanical effects is necessary due to the size of the influence of the upright position in comparison to the horizontal position.[21]

Supine Position

The supine position is the most prevalent posture taken by mothers around the world during childbirth, even though there is evidence to suggest otherwise. This position involves the lady giving birth on her back and may involve lithotomy, dorsal, lateral, or semi-recumbent delivery techniques. An increase of episiotomies was linked to the supine position. When episiotomies and second-degree tears were combined to suggest a perineal injury requiring suturing, the rate was higher in the supine position. Compared to the other positions, the supine position had a higher rate of instrumental births. The frequency of postpartum hemorrhage was also reduced in the supine position, as did the estimated blood loss.[4]

Lithotomy Position

During delivery, the lithotomy position allows the obstetrician to have adequate access to both the mother and the fetus. For the patient, it might not be the most comfortable position, though. Studies reveal that compared to other positions, a woman giving birth in the lithotomy position may feel more discomfort during the second stage of labor. There are more reasons to necessitate an episiotomy and a higher risk of forceps delivery or cesarean section when the lithotomy posture is used. In addition to lowering blood pressure, the lithotomy position can make contractions more painful. It is also linked to a more erratic fetal heart rate rhythm and an elevated risk of perineal damage.[4]

Side Position

Positions on the side, including semi-prone and side laying positions. The woman assumes a side-lying position, either with her legs elevated and supported or with her hips and knees bent and a pillow between her legs.[4]

Squatting Position

In addition to being a common birthing position, the squatting position can help induce labor. A woman's legs support the majority of her body weight as she squats, but her knees stay bent. Many people believe that the squatting position is the most natural one. During labor, gravity is a factor in this posture. One of the biggest drawbacks is that pregnant women find it difficult to maintain the squatting position for extended periods of time. This is a difficult position to maintain and can place a lot of strain on the mother's back and knees. Thus, developing auxiliary tools may be able to solve this issue. By forcing body weight to press against the uterus, the squatting position helps to widen the pelvis, giving the baby more room to travel while pushing.[4]

Kneeling Position

While there are many different ways to kneel, in many Asian nations, kneeling is less frequent than other positions. Since the kneeling position helps the baby to move, it may be especially beneficial for women who have back pain during labor. Women can move more freely when

kneeling because there is no external pressure on the pelvic.[4]

CONCLUSION

Each birthing technique has its own advantages and disadvantages. Each birthing technique also has its own recommendation criteria so that a birthing technique cannot be used for every birthing patient. It is not recommended to carry out a home birth unless the patient meets certain criteria, accompanied by good referral facilities in case of an emergency. It is not recommended to carry out a water birth unless the patient meets certain criteria, accompanied by adequate resources and standardized and strict protocols. It is not recommended to have a lotus birth because the risk of nonnatal hypoperfusion and infection is high, which is not commensurate with the unclear benefits. Hypnobirth techniques can be used to help mothers who are about to give birth psychologically, but they have not been proven to be able to replace the use of analgesia drugs during labor. Birthing positions vary greatly, and it has not been proven that there is a best position compared to other positions, so during delivery, pregnant women and health workers are advised to choose the position that feels most comfortable for both parties.

FUNDING

None.

AUTHOR CONTRIBUTION

All authors contributed equally to this manuscript writing and publication.

ETHICAL CLEARANCE

Not applicable.

CONFLICT OF INTEREST

All authors declare that there is no conflict of interest regarding this study publication.

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