

Policy Title: Freedom of Movement. Copyright © 2014 Springer Publishing Company, LLC. Reprinted with permission.

Policy: Provide the laboring woman freedom to walk, move about, and assume the position of her choice during labor and birth unless restriction or a specific position is needed because of an underlying maternal-fetal condition.

Purpose: Freedom of movement in labor reduces maternal and neonatal morbidity, facilitates uterine contractility and labor progression, and enhances maternal satisfaction of the childbirth process. Restricting a laboring woman's movement may adversely affect physiologic and psychologic elements during labor and childbirth, resulting in increased utilization of obstetrical interventions, oxytocin augmentation, and operative delivery.

- There has been no evidence of increased maternal or neonatal morbidity or increased obstetrical interventions in allowing a birthing mother the freedom to ambulate (move about) or change position during labor and birth.
- When a laboring woman is restricted to supine positioning, compression of the inferior vena cava by the weight of the fetus results in maternal hypotension and decreased uteroplacental perfusion. Higher pH and higher values of PO₂ and lower values of PCO₂ are in the cord blood of women who labor and birth in nonsupine positions.
- Ambulation, movement, and upright maternal positioning are likely to reduce the length of the first stage of labor by facilitating fetal descent. Restriction of movement decreases the fetal ability to descend, flex, rotate, and engage into the pelvis.
- Women who ambulate during the first stage of labor are less likely to have an operative delivery, defined as cesarean section, forceps, or vacuum extraction.
- When given the freedom to ambulate, move, and change position during labor and birth, most women find this to be an effective form of pain relief and are less likely to receive regional anesthesia.

Procedure:

1. The laboring woman will have freedom to change position to obtain a position of comfort, including, but not limited to, walking, standing, kneeling, squatting, and the use of chair, stool or birthing ball, unless a restriction on movement is required due to treatment or assessment of an underlying medical condition.
2. Utilization of nonevidence-based practices restrictive to a laboring woman's freedom of movement (including continuous pulse-oximetry or continuous electronic fetal monitoring for low-risk obstetric clients) should be discouraged and dictated only by the underlying maternal-fetal condition versus institutional protocol.
3. Utilization of technology that affords a laboring woman freedom of movement during labor and childbirth including fetal telemetry and Doppler for intermittent fetal heart rate auscultation should be readily available to all intrapartum nursing and obstetrical staff.
4. The laboring woman whose labor is progressing slowly should be encouraged by the health care team to assume upright positions such as walking, kneeling forward, or rocking on a birthing ball, as ambulation and/or movement may encourage the progression of labor.

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