



The Royal College of
Midwives

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Report of a survey
exploring the position
of midwives' hands
during the birth of
the baby's head

Acknowledgements

The work described in this report was undertaken by

Jane Munro
Quality and Audit Development Advisor
The Royal College of Midwives

Mervi Jokinen
Practice and Standards Professional Advisor
The Royal College of Midwives

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Kenneth Finlayson
Research Assistant – Midwifery Studies
University of Central Lancashire

Mary Dharmachandran
Project Librarian (RCM Collection)
Royal College of Obstetricians and Gynaecologists

Louise Silverton
Director for Midwifery
The Royal College of Midwives

Mandie George
Administrator to Director for Midwifery & Director for Services to Members
The Royal College of Midwives

Janine Stockdale
Research Fellow
The Royal College of Midwives

Clara Haken
Consultant Midwife
Kingston Hospital NHS Trust

Introduction

This survey was carried out in October and November 2012 by the Royal College of Midwives (RCM) and members of the RCM consultant midwives group.

The survey was initiated as a strand of work within the RCM Campaign for Normal Birth activities. The RCM consultant midwives group had identified this to be an important area of practice to investigate.

The RCM considered it valuable to take a 'snapshot' of contemporary practice to identify what midwives are currently doing with their hands during the birth of the baby. Through this the RCM could identify education, practice and training needs for midwives in this area.

Background

There has been considerable recent interest in the care of the perineum (Hals, Øian et al. 2010; Frohlich 2011; Bick, Ismail et al. 2012; Laine, Skjeldestad et al. 2012) and discussion about whether midwives' practice has changed following the publication of the HOOP study (McCandlish, Bowler et al. 1998; Revicky, Nirmal et al. 2010; Trochez, Waterfield et al. 2011).

Appropriate care of the perineum appears to be one of long historical debate and multiple interventions. Reviewing practice in 1871, Goodell commented

"...there are those who make pressure upon the perineum to retard the head; those who make pressure to accelerate its advance; those who deny that any such effects can thus be produced; and those who conscientiously use support because something must be done... there are those who direct all the pressure at the fourchette; others who reprehend this, and as carefully guard the posterior perineum; and yet others who will not touch the perineum on any account... Finally there are those who use the right hand, and those who swear by the left hand. Some who advocate a folded napkin; some an unfolded napkin; and others again who frown down upon all napkins..." (Goodell 1871)

Many historically established and widely used interventions in obstetrics, including care of the perineum, have continued in practice without effective evaluation (Thacker and Banta 1983). However, recent changes in practice have occurred in response to contemporary research, new perspectives from practitioners and articulated opinion from women concerned about invasive procedures (Clement and Reed 1999; Carroli and Mignini 2009; MCarthy 2009). Midwifery practice before the 1990s was predominantly led by the contemporary midwifery textbooks (MCarthy 2009). These textbooks emphasised

the importance of the slow delivery of the head: methods suggested were guarding of the perineum and flexion of the fetal head. These include the poorly defined Ritgen's manoeuvre, which claims to reduce perineal trauma by encouraging early extension of the fetal head (Myrfield, Brook et al. 1997). The flexion technique involves exerting pressure on the emerging occiput in a downwards direction towards the perineum, preventing extension until crowning and the guarding of the perineum by placing a hand against the perineum (Myrfield, Brook et al. 1997; Mayerhofer, Bodner-Adler et al. 2002). Only one systematic review has been published to date comparing different methods of perineal support, the techniques for which remain unclearly defined (Aasheim, Nilsen et al. 2011).

The HOOP study (McCandlish, Bowler et al. 1998) compared the practice of 'hands on' with 'hands poised'. The 'hands on' method was defined as 'the midwife's hands being used to put pressure on the baby's head and support (guard) the perineum and the use of lateral flexion to facilitate the delivery of shoulders'. The 'hands poised' method was defined as 'the midwife keeping her hands poised, prepared to put light pressure on the baby's head in case of rapid expulsion but not touching the head or the perineum otherwise and allowing spontaneous delivery of the shoulders'. As Frolich (2011) points out, it is important to remember that 'hands poised' in this study meant that the midwife had her hands very close to the baby's head and the perineum, so that they could be used if she thought it necessary. The primary outcome for the HOOP study was measurement of perineal pain. Women in the 'hands poised' group were more likely to report 'mild' perineal pain at 10 days post-birth. The only other statistically significant differences were in two secondary outcomes: episiotomy rates were lower and manual removal of the placenta was more common in the 'hands poised' group. Mayerhofer et al.'s (2002) trial also compared 'hands on' and 'hands poised'. Findings confirmed those of no statistically significant differences in overall perineal injury, but an increased rate of episiotomy and third degree tear in the 'hands on' group. NICE (2007) guidance is that either hands on or poised can be used to facilitate spontaneous vaginal birth.

There has been recent concern about a reported increase in Obstetric Anal Sphincter Injuries (OASIs) (Hals, Øian et al. 2010; Baghurst and Antoniou 2012). However it has not been established whether this reflects a real increase in OASIs or more skilled detection of the tears. In response to the concern, 'hands on' approaches to perineal support are currently being advocated. The perineum protection technique suggested by Laine, Skjeldestad et al (2012) consists of four elements when the baby's head is crowning: 'slowing the delivery of the head with one hand; supporting the perineum with the other

hand and squeezing with fingers (first and second) of the lateral parts of the perineum towards the middle... asking the woman not to push and using the correct episiotomy technique when necessary. The techniques used in the Hals, Øian et al. (2010) study involves 'the accoucheur pressing on the neonate's head with the left hand, the right hand supporting the perineum and attempting to grip the neonate's chin, asking the woman to then stop pushing , and when most of the head is out the perineal ring is pushed under the neonate's chin'.

There is limited data on women's experience of flexion techniques or the Ritgen manoeuvre. Myrfield's (1996) qualitative study reported a perception that women found techniques which involved touching the perineum painful.

The reported increase in OASIs has stimulated hypotheses that midwifery practice has moved to a 'hands off' approach, which has led to the increase in perineal injury (Trochez, Waterfield et al. 2011).

It is interesting to note the lack of clarity in the existing literature regarding the terminology, when the terms 'hands off', 'hands poised' 'hands on' and 'perineal support' continue to mean many different things. A particular impact of this confusion is that the term 'hands poised' has become interchangeable with 'hands off'. This has resulted in a perceived change in midwives' practice to hands being 'nowhere near' and certainly not 'poised'.

The RCM, working with the consultant midwives group undertook this survey in the UK to explore this area of practice. Several of the consultant midwives agreed to be the local project lead.

Objectives of the survey

- To gain a snapshot of what midwives are currently doing with their hands during the birth of the baby's head. To gain some baseline data on the subject for the RCM and provide a platform for further discussion
- To provide individual services with specific feedback on what is happening in their unit.

Methodology

The survey proforma was developed by Jane Munro and Mervi Jokinen and agreed by members of the consultant midwives group. It was decided that it should be one page in length, and simple to complete in order to encourage involvement and ensure a good response rate. This model had been had been successful when used in a previous RCM survey (The Royal College of Midwives 2010b). The survey was completed for women who had had a normal birth in the participating units, during one week of the unit's choice in October and early November 2012. The completed questionnaires were returned for data entry during November.

The questions were designed to collect data on:

- women's demographic characteristics – parity
- midwives' demographics - length of practice
- date of birth
- place of birth
- woman's position
- use of water
- use of episiotomy
- position of hands used

The proforma (Appendix 1) included the following 4 images of the potential position of the midwife's hands during the birth of the baby's head, with a tick box if the position had been used

- 1 No touching at all
- 2 Only touching the head
- 3 Only touching the perineum
- 4 Touching the head and the perineum

A free text option was included for respondents to describe another position that had been used.

The consultant midwife in the participating units undertook to be the local project lead. This involved recruiting midwives to participate, raising awareness, distributing forms and collecting and returning the forms for analysis by the RCM.

29 units originally agreed to take part in the survey, but 7 had to withdraw. The remaining 22 units returned 469 questionnaires for analysis, which were all coded to anonymise data. The paper questionnaires were scanned using the SNAP software survey system the data was entered into SPSS 20 for analysis.

Results

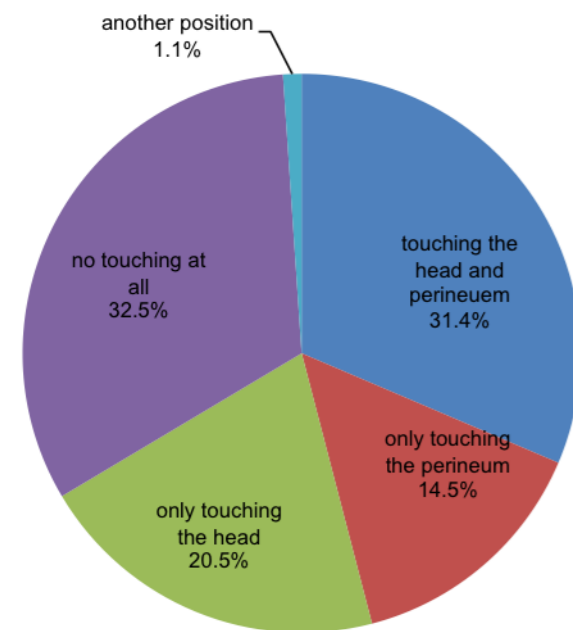
A total of 469 women were included in the study, with different units reporting on a range between 9 and 41 women. Trusts where there was more than one unit, or an alongside midwifery led unit, used separate coding, to facilitate individualised feedback in the different environments.

282 (60.1%) of the births had taken place in an obstetric unit (OU), 164 (35%) in an alongside midwifery unit (AMU), 13 (2.8%) in a free standing midwifery unit (FMU) and 8 (1.7%) at home. There was missing data on 2 births (0.4%). 290 (38%) of the women were primiparous, and 178 (62%) multiparous. 7.2% of the women had an episiotomy.

The overall picture of the position of hands

As shown in figure 1 below, 67.5% of the midwives were putting their hands either on the perineum or the baby's head or both. 20.5% described touching only the head, 14.5% touching only the perineum, and 31.4% touching both. The other positions described by 5 respondents in the free text option were 'holding a pad over the anus' and 'warm compress applied to the perineum'.

Figure 1 Position of midwives' hands



Position of hands in each unit

Table 1 (below) presents detail of the position of the midwives' hands by unit and overall use.

Table 1 Position of hands by unit

Unit code	No touching	Touching head	Touching perineum	Head & perineum	Another position	Missing data	Total (n)
1	70.6%	11.8%	5.9%	11.8%	0%	0%	17
2	17.5%	35.0%	20.0%	25.0%	2.5%	0%	40
3	40.0%	26.7%	26.7%	6.7%	0%	0%	15
4	77.8%	11.1%	0%	0%	11.1%	0%	9
5	32.4%	17.6%	35.3%	14.7%	0%	0%	34
6	31.4%	17.1%	8.6%	42.9%	0%	0%	35
7	31.0%	37.9%	6.9%	24.1%	0%	0%	29
8	92.5%	7.5%	0%	0%	0%	0%	40
10	26.7%	20.0%	0%	53.3%	0%	0%	15
11	21.4%	42.9%	7.1%	28.6%	0%	0%	14
14	16.7%	8.3%	33.3%	41.7%	0%	0%	12
15	0%	23.5%	2.9%	73.5%	0%	0%	34
16	50.0%	25.0%	18.8%	6.2%	0%	0%	16
17	13.6%	27.3%	22.7%	36.4%	0%	0%	22
18	2.4%	14.6%	7.3%	73.2%	0%	2.4%	41
19	15.4%	23.1%	0%	61.5%	0%	0%	13
22	41.7%	16.7%	8.3%	25.0%	8.3%	0%	12
23	8.3%	41.7%	16.7%	25.0%	8.3%	0%	12
24	57.9%	0%	21.1%	21.1%	0%	0%	19
25	30.8%	7.7%	38.5%	23.1%	0%	0%	13
26	31.2%	18.8%	37.5%	12.5%	0%	0%	16
27	27.3%	9.1%	27.3%	27.3%	9.1%	0%	11
Total (n)	152	96	68	147	5	1	469
%	32.4%	20.5%	14.5%	31.3%	1.1%	0.2%	100%

The influence of place of birth

There was a variation of practice in the different environments that birth takes place. As discussed above, 282 (60.1%) of the births had taken place in an obstetric unit, 164 (35%) in an alongside midwifery unit, 13 (2.8%) in a free standing midwifery unit and 8 (1.7%) at home. There was missing data on 2 births (0.4%)

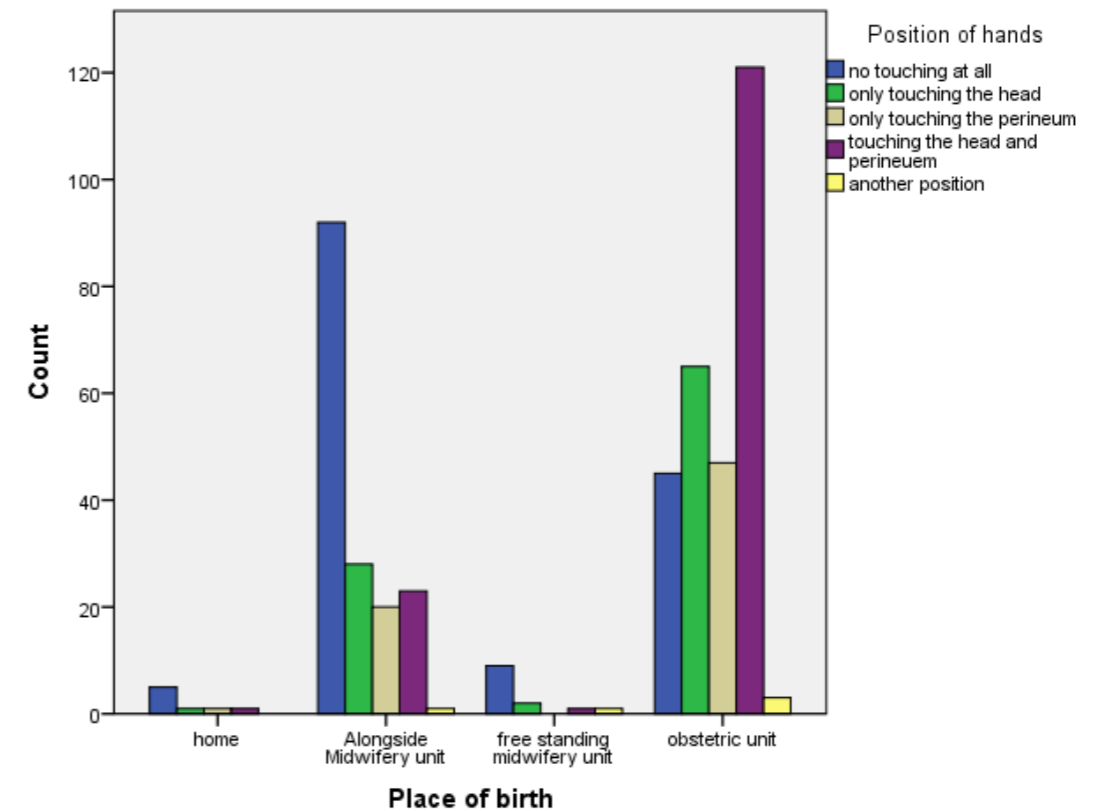
Cross tabulation demonstrated a significant association between the place of birth and the position of the midwives' hands (Cramer's V correlation test $P = < 0.001$).

As shown below (Table 2, Figure 2), obstetric units had the least 'hands off' practice (16.0%) compared to home birth and free standing midwifery led units which had 62.5% and 69.2% 'hands off' practice respectively.

Table 2 Place of birth

Place of Birth	No touching	Touching head	Touching perineum	Head & perineum	Another position	Missing data	Total (n)
Home	62.5 %	12.5%	12.5%	12.5%	0.0%	0.0%	8
ALMU	56.1%	17.1%	12.2%	14.0%	0.6%	0.0%	164
FMLU	69.2%	15.4%	0.0%	7.7%	7.7%	0.0%	13
OU	16.0%	23%	16.7%	42.9%	1.1%	0.4%	282
Missing							2
Total (n)	152	96	68	147	5	1	469
%	32.4%	20.5%	14.5%	31.3%	1.1%	0.2%	100%

Figure 2 Place of birth

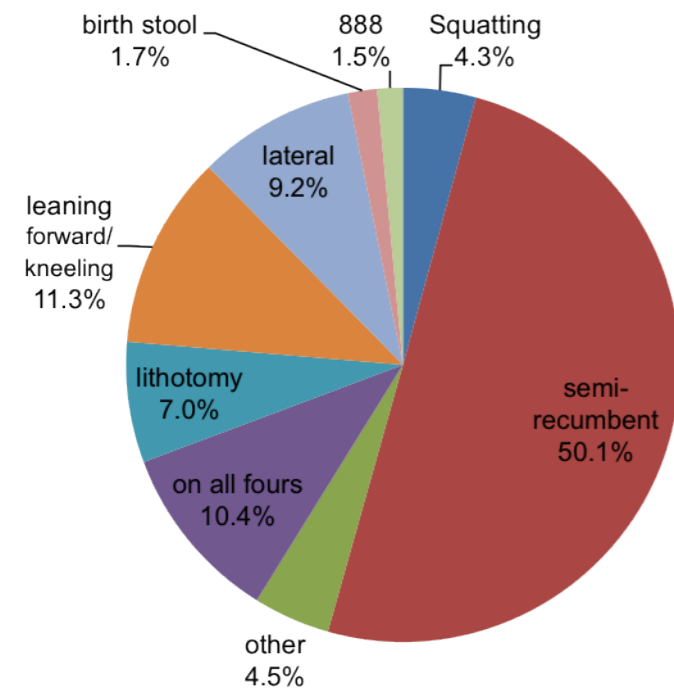


(Missing data removed)

The influence of the mother's position

As in our previous surveys (The Royal College of Midwives 2010a; The Royal College of Midwives 2010b), 50 % of the women were reported as being in the semi-recumbent position for the birth of the baby. 21 respondents documented that another position had been used. Some respondents described this 'other' position: 7 women were reported as standing, 3 as sitting, one in the McRoberts position, one lying down (described as mother's choice) and one as 'floating'. Repeating our findings in the previous surveys, a number of women (in this case 7%) were reported as being in the lithotomy position for a normal birth.

Figure 3 Mother's position



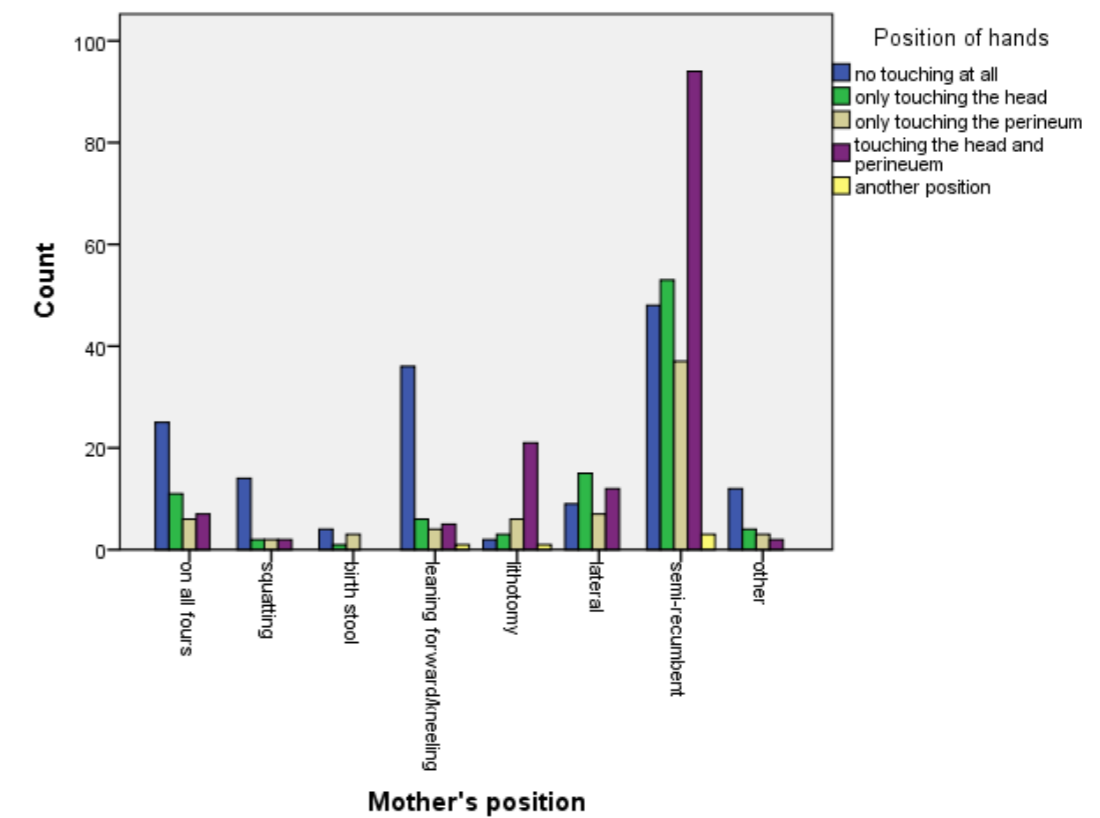
888 = missing data

Cross tabulation (Table 4 and Figure 4) demonstrated an association between the mother's position and the position of the midwives hands (Cramer's V correlation test $P = < 0.001$). Women in the semi-recumbent position were most likely to have hands on (79.6%) and women on all fours the least likely to have hands on (51%). This is not a surprising finding as clearly the easiest birth position in which to have hands on is when the woman is semi-recumbent.

Table 4 Mother's position and position of midwives' hands

Mother's position	No touching	Touching head	Touching perineum	Head & perineum	Another position	Missing data	Total (n)
on all fours	51.0%	22.4%	12.2%	14.3%	0.0%	0.0%	49
squatting	70.0%	10.0%	10.0%	10.0%	0.0%	0.0%	20
birth stool	50.0%	12.5%	37.5%	0.0%	0.0%	0.0%	8
leaning forward/kneeling	67.9%	11.3%	7.5%	9.4%	1.9%	1.9%	53
Lithotomy	6.1%	9.1%	18.2%	63.6%	3.0%	0.0%	33
lateral	6.1%	9.1%	18.2%	63.6%	3.0%	0.0%	33
Semi-recumbent	20.4%	22.6%	15.7%	40.0%	1.3%	0.0%	235
other	57.1%	19.0%	14.3%	9.5%	0.0%	0.0%	21
missing							7
Total (n)	152	96	68	147	5	1	469
%	32.4%	20.5%	14.5%	31.3%	1.1%	0.2%	100%

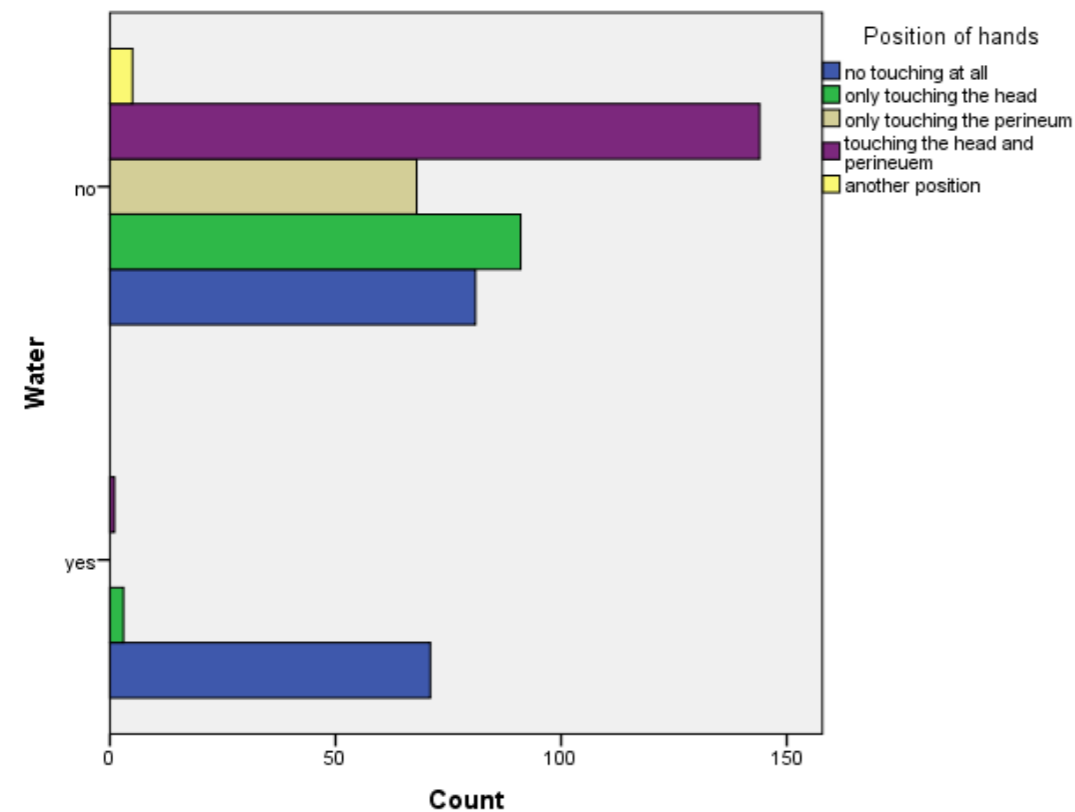
Figure 4 Mother's position and position of midwives' hands



The effect of being in the pool

75 (16%) of the women in the study had a pool birth. For the majority of these women in the pool (94%) the midwives did not put their hands on the perineum or the baby's head. 3 midwives documented having their hands touching the baby's head, and 1 midwife having her hands touching the perineum as well as the head. It is common practice for pool births to be 'hands off' in response to concern about any handling acting to stimulate the baby to breathe, although there is currently no evidence that supports this concern.

Figure 5 Use of the pool and position of hands



(Missing data removed)

The effect of experience

10.4 % of the respondents were student midwives, 35.4% had been qualified for more than 5 years, and 53.5% qualified for less than 5 years.

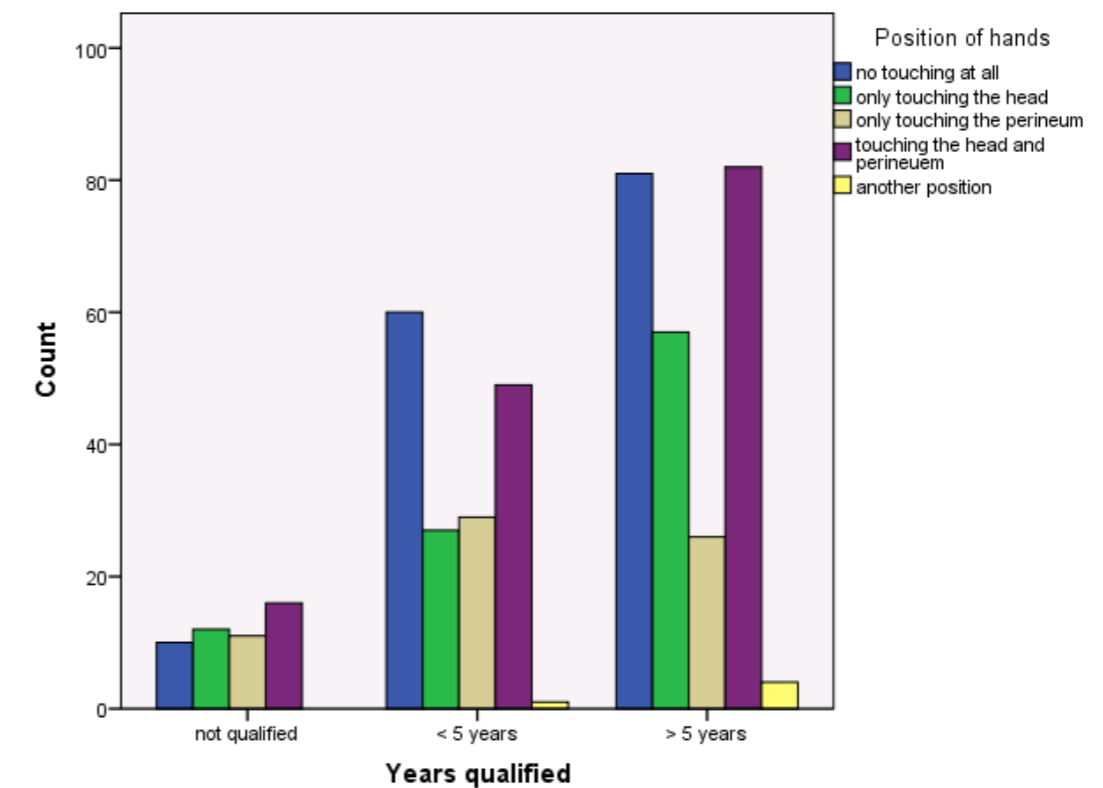
There was no significant association between years of experience and the position of the midwives hands (Cramer's V correlation test $P = 0.125$). This is interesting in the context of the study by Trochez, Waterfield et al. (2011), who found that less experienced

midwives were more likely to prefer the hands off technique. This survey found little difference in reported practice between the midwives who had been practising for more than 5 years and those practising for less.

Table 5 Midwives' experience and position of hands

Years of qualification	No touching	Touching head	Touching perineum	Head & perineum	Another position	Missing data	Total (n)
Not qualified	20.4%	24.5%	22.4%	32.7%	0.0%	0.0%	49
Qualified <5 years	36.1%	16.3%	17.5%	29.5%	0.6%	0.0%	166
Qualified > 5 years	32.3%	22.7%	10.4%	32.7%	1.6%	0.4%	251
Missing							3
Total (n)	152	96	68	147	5	1	469
%	32.4%	20.5%	14.5%	31.3%	1.1%	0.2%	100%

Figure 6 Midwives' experience and position of hands



(Missing data removed)

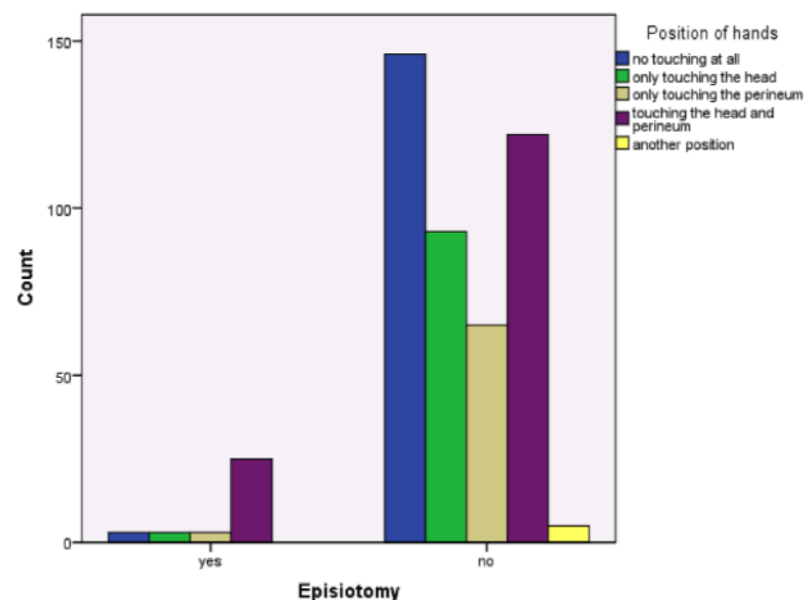
The effect of episiotomy

As is shown in table 6 and Figure 7 below, midwives were using their 'hands on' when an episiotomy was necessary, with 73.5% having hands both on the head and the perineum.

Table 6 Episiotomy and position of hands

Episiotomy	No touching	Touching head	Touching perineum	Head & perineum	Another position	Missing data	Total (n)
Yes	8.8%	8.8%	8.8%	73.5%	0.0%	0.0%	34
No	33.8%	21.5%	15.0%	28.2%	1.2%	0.2%	432
Missing							3
Total (n)	152	96	68	147	5	1	469
%	32.4%	20.5%	14.5%	31.3%	1.1%	0.2%	100%

Figure 7 Episiotomy and position of hands



(Missing data removed)

Limitations

Whilst it was clear that practice varied between units, the simple proforma was unable to investigate in detail what technique the midwives were using with their hands. It was also not the intention to investigate an association with the degree of perineal trauma. This is obviously a subject of great interest, but it needs to be addressed by an in-depth research study, rather than a simple one page survey tool.

Despite the fact that surveys can be a useful tool with which to collect data from large samples, the sample size in this survey was smaller than expected. Such surveys have to take a flexible approach and it is to be expected that some units who originally agree to take part in the survey, are prevented from doing so by the business in their unit.

Discussion

The Royal College of Midwives (2010b) survey of positions used in labour and birth, reported that 50% of the women were not giving birth in the semi-recumbent position. It is important to consider the implications of a movement to the 'hands on' approach to perineal support as documented in the studies by Laine, Skjeldestad et al. (2012) and Hals, Øian et al. (2010) and their applicability in the UK. In both of these suggested interventions, it is clear that the woman must be in a position that easily facilitates these manoeuvres, and it is difficult to imagine the position being anything other than semi-recumbent on the bed. These techniques are hardly feasible if the woman is upright and or in the pool.

An important missing element in the debate is any discussion with women (Frohlich 2011). In the current environment that encourages informed choice and self care, women should be expected to have an opinion about care of the perineum. Discussion about options for different techniques, including antenatal massage, could readily be addressed in antenatal preparation.

We have little information to date on how many women use their own hands to guide the birth of the baby. Discussion following the presentation of early findings from this survey (RCM Conference 2012) with experienced homebirth midwives, reported women actively participating in the birth by putting their hands on the perineum and the baby's head.

It was speculated that this could be either to gain information about progress or to instinctively aid in the slowing down of the birth of the head. As has been previously suggested (Myrfield, Brook et al. 1997) more effort should be made to support women's natural birthing capabilities.

It is interesting to note that whilst Trochez, Waterfield et al. (2011) focused on the midwives' 'preferred method' of 'hands on or off', they do not document what is happening in practice or comment on women's views of experiencing any of these techniques. This RCM study presents findings on midwives' actual practice in this area. The common factor in the interventional studies appears to be encouraging the woman to push slowly. We imagine that most midwives recognise that women have this level of control of their bodies, but facilitating this clearly needs good communication between mother and midwife.

As discussed above, some recent studies (Hals, Øian et al. 2010; Laine, Skjeldestad et al. 2012) are recommending the use of more interventionist techniques in the care of the perineum, despite the lack of evidence and good critical appraisal of the suggested techniques. To date there is limited knowledge of the uptake of these recommendations in the UK. There is little concern about how this practice will impact on women's choice of birth position, despite the evidence on the value of upright positions and mobility and the consequent improvements to birth environments.

This survey is unable to demonstrate the state of midwives' knowledge base and skills in this area that have been brought into question in the current debate, however it provides information on existing variation in practice that reflects individualised clinical decision making and not a routine approach.

Conclusion

This study provides a snapshot of current midwifery practice and demonstrates that midwives are doing a number of different things with their hands during the birth of the baby's head and that the majority of midwives are using a 'hands on' technique during the birth of the baby's head. Particular findings are that there was no significant association between years of experience and the position of the midwives hands, however there was a significant association between the mother's position, the place of birth and what midwives did with their hands.

Although there is no data on the frequency of use of 'hands on' perineal support techniques prior to the HOOP trial (McCandlish, Bowler et al. 1998) it has been assumed by some that practice has moved towards 'hands off'. This survey shows that current practice is mixed.

This study has highlighted the importance of the multiple elements that are involved in the decision making process that midwives must undertake in most clinical situations. It is encouraging to see the variation in practice that is documented here. The use of hands appears to be appropriately influenced by the mother's position and the birth environment. This study leads one to question the view that most midwives have adopted "hands off" practice.

Key Recommendations

The emergent findings support the recommendations that:

- Other maternity units undertake their own survey in this area and reflect on current practice
- Research is undertaken to explore women's experience of perineal support techniques
- Research is carried out to determine why mixed practice varies between care settings and what effect this has on both short and long term outcomes for the mother
- Personal reflection and audit should be a norm in this area practice

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Survey of midwives' current practice in normal birth

Where were your hands during the birth of the baby's head?

<p>Q1 Unit Code</p> <input type="text"/>	<p>Q6 Place of birth</p> <p>Home <input type="checkbox"/></p> <p>Alongside midwifery unit <input type="checkbox"/></p> <p>Free standing midwifery unit <input type="checkbox"/></p> <p>Obstetric unit <input type="checkbox"/></p>
<p>Q2 Date birth took place</p> <p>dd/mm/yyyy</p> <input type="text"/>	<p>Q7 Mother's position during birth of baby's head</p> <p>On all fours <input type="checkbox"/> Lithotomy <input type="checkbox"/></p> <p>Squatting <input type="checkbox"/> Lateral <input type="checkbox"/></p> <p>Birth Stool <input type="checkbox"/> Semi-recumbent <input type="checkbox"/></p> <p>Leaning forward/kneeling <input type="checkbox"/> Other <input type="checkbox"/></p>
<p>Q3 Parity</p> <p>Nulliparous <input type="checkbox"/></p> <p>Multiparous <input type="checkbox"/></p>	<p>Q8 Was the birth in water</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Q4 Are you</p> <p>A qualified midwife <input type="checkbox"/></p> <p>A student midwife <input type="checkbox"/></p>	<p>Q9 Episiotomy</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Q5 How long is it since you qualified</p> <p>Not yet qualified <input type="checkbox"/></p> <p>< 5 years <input type="checkbox"/></p> <p>> 5 years <input type="checkbox"/></p>	

Please tick the box that best describes the position of your hand(s) during the birth of the baby's head, as outlined by the shaded area.

Q10

<input type="checkbox"/> No touching at all 	<input type="checkbox"/> Only touching the head 	<input type="checkbox"/> Only touching the perineum 	<input type="checkbox"/> Touching the head and the perineum 	<input type="checkbox"/> Another position*
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*Please describe

Thank you for completing the survey.



The Royal College of
Midwives

The Royal College of Midwives Trust
15 Mansfield Street, London, W1G 9NH
T: 020 7312 3535 E: info@rcm.org.uk
www.rcm.org.uk