Labor Positions With an Epidural

An original educational guide for Llamamma. Always follow your hospital's policies and your care team's guidance regarding mobility and safety after an epidural.

First Stage of Labor

Supported Side-Lying
Helps promote rest while encouraging pelvic opening. Alternate sides every 20–60 minutes when appropriate.

Exaggerated Side-Lying (Runner's Position)
May encourage fetal rotation and descent. Often used with pillows or a peanut ball.

Peanut Ball Position
A peanut ball between the knees or ankles may help keep the pelvis open while remaining in bed.

Throne Position
Raise the head of the bed into an upright seated position to use gravity while allowing rest.

High Fowler's
Sitting more upright may encourage fetal descent in some labors.

Frequent Position Changes
Changing positions every 20–60 minutes can reduce pressure points and may encourage labor progress.

Second Stage (Pushing)

Supported Side-Lying Pushing
A common option that may reduce perineal strain while allowing effective pushing.

Semi-Reclined
Often comfortable with an epidural and allows good visualization for the care team.

Tug-of-War
Using a towel or sheet for counter-resistance may help engage abdominal muscles during pushing.

Squatting Bar (if available)
Some hospitals offer a squat bar for people with adequate motor function and appropriate support.

Hands-and-Knees With Assistance
May be possible with a light epidural and adequate assistance, depending on hospital policy.

Labor Lens Tips

- Reposition regularly unless medically contraindicated.
- Ask whether a peanut ball is available.
- If labor slows, ask your team whether another position may be appropriate.
- Use the BRAIN framework when discussing interventions or changes in the plan.

Remember

Every epidural is different. Mobility depends on the medication used, your strength and sensation, hospital policies, and your care team's assessment. Safety always comes first.