

Clinical Trial Protocol

Iranian Registry of Clinical Trials

20 Jun 2026

Comparison of maternal and neonatal outcomes between two delivery positions of hands & knees and lithotomy in hospitalized multiparous women

Protocol summary

Study aim

comparison of maternal and neonatal outcomes between two delivery positions (lithotomy and hands& knees) in multiparous women in selected hospitals of Isfahan

Design

clinical trial with two intervention groups; with parallel groups; single blinded; randomized by sealed, opaque packets by random selection; on 72 multiparous women

Settings and conduct

In delivery room, After full dilatation of cervix, the participants will place in hands& knees or lithotomy position and maternal and neonatal outcome will be evaluated. The participants will not be blind. sampling is done in Asgarie hospital, Shaid Beheshti educational treatment search center, motahary hospital, hoiyy Zahra educational treatment search center

Participants/Inclusion and exclusion criteria

Inclusion criteria: ability of mother to place in the considered position; indication for normal vaginal birth
Exclusion criteria: contraindication for normal vaginal delivery; history of medical and psychological disorders

Intervention groups

First intervention group include multiparous women who locate in lithotomy position for birth. Second intervention group include multiparous women who locate in hands&knees position for birth.

Main outcome variables

Duration of the second stage, active phase of the second stage and the third stage of delivery; severity of perceived pain by mother immediately after cutting cord and after placenta delivery; volume of lost blood in the third and fourth stages of delivery; shoulder dystocia; differences between hemoglobin at hospitalization time and 6 hours after birth; differences between hematocrit at hospitalization time and 6 hours after birth; severity of perineal tear; mother satisfaction; neonatal APGAR score; neonatal hospitalization need; neonatal resuscitation

need; resuscitation level of neonate.

General information

Reason for update

Acronym

IRCT registration information

IRCT registration number: **IRCT20091001002531N5**

Registration date: **2021-11-30, 1400/09/09**

Registration timing: **registered_while_recruiting**

Last update: **2021-11-30, 1400/09/09**

Update count: **0**

Registration date

2021-11-30, 1400/09/09

Registrant information

Name

Tahmineh Dadkhahtehrani

Name of organization / entity

Country

Iran (Islamic Republic of)

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Recruitment status

Recruitment complete

Funding source

Expected recruitment start date

2021-08-23, 1400/06/01

Expected recruitment end date

2022-08-23, 1401/06/01

Actual recruitment start date

empty

Actual recruitment end date

empty

Trial completion date

empty

Scientific title

Comparison of maternal and neonatal outcomes between two delivery positions of hands & knees and lithotomy in hospitalized multiparous women

Public title

Comparison of maternal and neonatal outcomes between two delivery positions

Purpose

Supportive

Inclusion/Exclusion criteria**Inclusion criteria:**

History of delivery in lithotomy position normal physical and psychological condition during labor term/single/alive fetus with cephalic presentation without anomalies dilatation of cervix about 8 centimeter fetal weight 2500-4000 gram ability of mother to place in the considered position having no sever obstetrics complications such as sever preeclampsia, placenta abruption

Exclusion criteria:

history of cesarean section or uterus surgery
contraindication for normal vaginal birth use of epidural analgesia or other medication method of analgesia
history of medical and psychological disorders

Age

No age limit

Gender

Female

Phase

N/A

Groups that have been masked

- Data analyser

Sample size

Target sample size: 72

Randomization (investigator's opinion)

Randomized

Randomization description

To allocate the participants to two group (lithotomy and hands&knees) randomly, the researcher will ask mothers to take a sealed opaque package out of 90 randomly. 45 packages contains questionnaires and checklists coded 1(related to lithotomy group) and 45 packages contains the same questionnaires and checklists coded 2(related to hands&knees group). It will be written code 1 or code 2 instead of lithotomy or hands&knees on the questionnaires and checklists in order to the data analyzer could be blinded. This process will continue until having at least 36 samples in both groups.

Blinding (investigator's opinion)

Single blinded

Blinding description

Data analyzer is blinded because he/she dose not know the meaning of code 1 and 2 that is written on the questionnaires or checklists.

Placebo

Not used

Assignment

Parallel

Other design features

if the number of sealed package is considered 72(36 lithotomy and 36 hands&knees) , after completion of 36 samples of one group , the remained samples of other group will be allocated to their groups without randomization and randomization concealment will not be conducted. So, 45 packages will be prepared and sampling will be conducted until having at least 36 samples in each group.

Secondary Ids

empty

Ethics committees**1****Ethics committee****Name of ethics committee**

Ethics committee of Isfahan University of Medical Sciences

Street address

Box 57, nursing and midwifery faculty, Isfahan university of medical sciences, Hezar-jerib street

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Postal code

8174673461

Approval date

2021-07-24, 1400/05/02

Ethics committee reference number

IR.MUI.NUREMA.REC.1400.086

Health conditions studied**1****Description of health condition studied****ICD-10 code****ICD-10 code description****Primary outcomes****1****Description**

The duration of the second stage of delivery

Timepoint

From the full dilatation to the birth.

Method of measurement

The duration of time is measured by chronometer

2**Description**

The duration of the active phase of the second stage

Timepoint

From the beginning of active pushing till the birth of

newborn

Method of measurement

The duration of time is measured by a chronometer

3

Description

Duration of the third stage of delivery

Timepoint

From neonate birth to placenta delivery

Method of measurement

The duration of time is measured by a chronometer

4

Description

The score of severity of perceived pain in the second stage by mother immediately after cutting cord and after placenta delivery

Timepoint

Immediately after cutting cord and after placenta delivery

Method of measurement

The short form of Macgill pain questionnaire

5

Description

The volume of lost blood in the third and fourth stages of delivery

Timepoint

from birth of newborn till one hour after placenta delivery

Method of measurement

The volume of lost blood is measured by a researcher-made scaled reservoir rubber-sheet

6

Description

Shoulder dystocia

Timepoint

At birth time

Method of measurement

Observation

7

Description

Severity of perineal tear

Timepoint

After placenta delivery

Method of measurement

Observation

8

Description

Mother satisfaction

Timepoint

one hour after placenta delivery

Method of measurement

Satisfaction is measured by researcher-made

questionnaire

9

Description

Neonatal APGAR score

Timepoint

1 and 5 minutes after newborn birth

Method of measurement

Observation

10

Description

Neonatal need to hospitalization

Timepoint

After newborn birth

Method of measurement

Observation

11

Description

Neonatal need to resuscitation

Timepoint

After newborn birth

Method of measurement

Observation

Secondary outcomes

1

Description

difference between hemoglobin and hematocrit at hospitalization time and 6 hours after birth

Timepoint

hospitalization time and 6 hours after birth

Method of measurement

laboratory test of hemoglobin and hematocrit

2

Description

resuscitation level of neonate

Timepoint

after newborn birth

Method of measurement

observation

Intervention groups

1

Description

Intervention group1: After full dilatation of cervix, the participant is located in hands and knees position. The researcher records the precise times of full dilatation, spontaneous pushing, baby birth, placenta birth, and 1 hour after placenta birth is applying by chronometer. Probable shoulder dystocia and resuscitation of newborn with degree of resuscitation are recorded. After newborn

birth, mother will return to supine position and a scaled reservoir pad is located beneath the mother's buttocks and perineum until 1 hour after placenta birth to measure and record the volume of lost blood in 3th and 4th stages. Perineum is observed to assess the degree of tear. Severity of pain in the second stage is measured by McGill questionnaire through asking mother twice (immediately after cutting cord, at start of breastfeeding after placenta birth). APGAR score is determined using APGAR table 1 and 5 minute after birth. Satisfaction questionnaire is completed through asking mother 1 hour after placenta birth. The newborn is weighted using a digital scale during one hour after birth. Hemoglobin and hematocrit are recorded using the results of laboratory tests at hospitalization time and 6 hours after birth. Probable hospitalization of newborn and its cause is recorded. In all cases, delivery is done by main researcher and the measurements are done by the second researcher.

Category

Prevention

2

Description

Intervention group2: After full dilatation of cervix, the mother is located in lithotomy position on a 30 degree elevated bed. All measurements and data gatherings are conducted like hands and knees position group

Category

Prevention

Recruitment centers

1

Recruitment center

Name of recruitment center

Askaryeh hospital

Full name of responsible person

Tahmineh Dadkhahtehrani

Street address

Askaryeh hospital, askaryeh street, Isfahan

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2

Recruitment center

Name of recruitment center

Shahid Beheshti education treatment search center

Full name of responsible person

Tahmineh Dadkhahtehrani

Street address

Shahid Beheshti education treatment search center, Felezi bridge, Isfahan

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Recruitment center

Name of recruitment center

Motahari hospital

Full name of responsible person

Tahmineh Dadkhahtehrani

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4

Recruitment center

Name of recruitment center

Holly Zahra education treatment search center

Full name of responsible person

Tahmineh Dadkhahtehrani

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Holly Zahra education treatment search center, Ayatoallah Ghafari street, Zeinabieh street, Isfahan

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Sponsors / Funding sources

1

Sponsor

Name of organization / entity

Esfahan University of Medical Sciences

Full name of responsible person

Dr.Mansoor Siavash

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The deputy of search and technology, building 4,
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Web page address

https://isid.research.ac.ir/Mansoor_SiavashDastjerdi

Grant name

Grant code / Reference number

Is the source of funding the same sponsor organization/entity?

Yes

Title of funding source

Esfahan University of Medical Sciences

Proportion provided by this source

100

Public or private sector

Public

Domestic or foreign origin

Domestic

Category of foreign source of funding

empty

Country of origin

Type of organization providing the funding

Academic

Person responsible for general inquiries

Contact

Name of organization / entity

Esfahan University of Medical Sciences

Full name of responsible person

Tahmineh Dadkhah Tehrani

Position

Instructor of midwifery faculty member

Latest degree

Master

Other areas of specialty/work

Postpartum rehabilitation

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Person responsible for scientific inquiries

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Esfahan University of Medical Sciences

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Position

Instructor of Midwifery, Faculty member

Latest degree

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Other areas of specialty/work

Postpartum rehabilitation

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Sharing plan

Deidentified Individual Participant Data Set (IPD)

No - There is not a plan to make this available

Justification/reason for indecision/not sharing IPD

There is no more information

Study Protocol

No - There is not a plan to make this available
Statistical Analysis Plan
No - There is not a plan to make this available
Informed Consent Form
No - There is not a plan to make this available
Clinical Study Report

No - There is not a plan to make this available
Analytic Code
No - There is not a plan to make this available
Data Dictionary
No - There is not a plan to make this available