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**- Water for Your Labour and Birth -**

Adapted from the RCOG Statement “Immersion in Water During Labour and Birth”

*Preamble*

Lying in warm water gives a sense of relaxation, but whether it actually reduces pain is less certain. A perception of relaxation, pain relief, ease of movements and more holistic experience made labour in water a popular choice during the 1980s. This concept has been extended to include actual birth under water following widely quoted experience from France.

Both the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives in the UK support the choice of women who wish to immerse themselves in water *during labour*, with the proviso that they are healthy and their pregnancy is uncomplicated. Furthermore, there is some good evidence that supports the practice as beneficial.

Evidence to support *underwater birth* is less clear but complications are seemingly rare. If guidelines are followed in relation to infection control and management of the birth then these complications should be further reduced. However, pregnant women and their carers need to be aware that the guidelines will exclude the use of underwater birth in some instances and the use of a pool altogether for others.

A postal survey carried out between April 1994 and March 1996 reported that fewer than 1% of births in England and Wales occurred in water.

*What is the Evidence that Immersion in Water is Beneficial for Women in Labour?*

It is important to separate the evidence on benefits and risks of immersion in water during the active phase of labour from those of actual birth in water.

There are considerable perceived benefits of using immersion in water during labour. These include less painful contractions, less need for pain-reducing drugs and less need for interventions to assist the process, with no known adverse effects for the woman herself.

The best evaluations of evidence finds no difference in the overall use of pain relieving agents, although women allocated to immersion in water need epidural anaesthesia less frequently than those allocated to labour care without the option of the prolonged use of a bath. There is no significant difference in other outcomes such as the duration of labour, need for Caesareans and instrumental delivery or the need for perineal stitching. These studies found no benefits or disadvantages for the baby and demonstrate that neonatal infection is rare.



It is important to note that these studies apply only to healthy women with uncomplicated full term pregnancies although induction of labour and previous caesarean section have been managed using water for labour and birth without reported problems.

There is only one randomised trial with women whose labour was unduly prolonged. Those allocated to immersion in water required less intervention from an obstetrician but there were a higher number of babies who needed admission to a special nursery for care by a paediatrician.

#### *What are the Risks for the Baby?*

Complications attributable to birth *in water* that do not occur when water is not used include:

- Drowning
- Water inhalation that results in temporary respiratory problems
- Waterborne infections

Complications that may be increased by water birth compared to conventional birth without water include:

- Tearing or avulsion of the cord with subsequent serious blood loss

#### *Practical Issues*

- Because of current uncertainty about the risks and benefits of the use of water during birth you may be asked to sign a special consent form to indicate that all of the issues and practical details have been discussed with you.
- You should ensure that your carers are trained, familiar with birth using water and experienced with dealing with any emergencies that may arise.
- Your pool and its water should be cleaned and free any risk of infection in the same way that all other items for use during a birth are provided.
- There is much controversy over the temperature of the water of a birthing pool but it is recommended that women be allowed to regulate the pool temperature to their own comfort. Likewise the ambient room temperature should be comfortable as you will be encouraged to leave and re-enter the pool as and when you wish during the first stage of labour.
- You should drink small amounts of a suitable fluid at intervals so as to avoid dehydration.
- Disposable sieves should be made available to ensure that the pool remains free from maternal faeces and other debris.
- Observations of the fetal heart using a hand held underwater device at the same intervals as would occur if you were not in water should be standard practice. If there are concerns about the baby's wellbeing that require more intensive monitoring or tests then you may have to leave the pool.



- If there are concerns about your own health then it may be necessary to ask that you leave the pool. In some birth centres the water may be drained and not replaced if you refuse.
- If you raise yourself out of the water and expose the baby's head to air during the birth then you should not re immerse in water because the baby may commence gasping before its body is born. This is not thought to occur when a healthy baby delivers under water.
- Nevertheless, once the baby's head is born, there is a limit in time to which the baby's nose and mouth should be brought to the air even if the cord is still intact and pulsating. The exact time limits from the appearance of the head to the deliver of the baby's trunk and the time after this that the baby should be brought into the air is unknown.
- Your baby's birth and any consequences arising from your choice of water should be registered and documented. This will help to improve knowledge and resources for other women who may wish to choose this option.

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