

Guideline for a Safe Water Birth

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Give this to your midwife after you have read it thoroughly.

The aim of this guideline is to provide a review of information on labor and birth in water and to suggest possible strategies to minimize the potential hazards to mothers and infants. It can also be used to promote the maternal and infant benefits, which may arise from choosing this type of birth experience, but are not easily quantifiable. It is written with the belief that clinically sound, evidence based guidelines improve quality of care. These recommendations are not intended to dictate an exclusive course of management or treatment. They must be evaluated with reference to individual client's need, resources and limitations unique to the place of birth and variations in client choices.

Rationale

The therapeutic properties of warm water immersion have been known for centuries. Baths, showers and whirlpools have been used for comfort during labor for many years. Over the past two decades an increase in the number of women requesting this option for both hospital and out-of-hospital births is occurring.

Waterbirth International has reviewed the best available evidence and offers this guideline to assist midwives and women in their decision making process around the use of water immersion for labor and birth. The body of evidence is small but growing.

Evidence

Maternal and neonatal outcomes after water immersion for labor and birth have been assessed in two large surveys over a four year period in England and Wales (Alderdice, Renfrew & Marchant, 1995; Gilbert & Tookey, 1999). Researchers reviewed 4693 and 4032 births, respectively, where water immersion was used and found no difference in outcomes for women and their newborns compared to a cohort group of low risk women who did not use water.

The perinatal mortality rate for these births was comparable to other low risk births in the UK. (Gilbert & Tookey, 1999). This study tried to estimate mortality and morbidity rates for babies delivered in water. The data collected was compared to other sources of data providing similar estimates for babies delivered conventionally to low-risk women. They examined adverse outcomes, which were reported over a two-year period between 1994 and 1996 from approximately 4,000 births in water. 1500 consultant pediatricians were surveyed and asked to report any cases of baby deaths associated with waterbirth. None of the five perinatal deaths recorded among the waterbirths was attributable to delivery in water. Admissions to special care baby units was slightly lower for the water-born babies than admissions for other low-risk babies. This was a landmark study in providing significant reassurance about the safety of waterbirth.

Other researchers (Burns 2001; Lenstrup et al, 1987; Rush et al, 1996 & Waldenstrom et al, 1992) have made similar outcome reports. A recent Canadian randomized control trial reported women experienced less pain after water immersion than their non-immersion counterparts and over 80% of the water immersion group said they would use the tub in subsequent labors (Rush et al, 1996).

There have been a few highly controversial reports in the literature, especially in the journal Pediatrics on the negative effects of water immersion for babies. "Water Birth: a near drowning experience" (Nuygen et al, 2002) suggests that every case of waterbirth should be evaluated as a possible fresh water drowning. The authors' conclusions that the use of water for labor and birth may contribute to adverse outcomes should be viewed with considerable caution. There are several methodological problems with this case study and these results are not congruent with the findings of many large trials. It is clear more research is needed into this form of care. But opinion pieces should be viewed as just, opinion and not referred to as scientific or medical evaluation of the evidence.

In the absence of a substantial body of evidence on the use of warm water immersion for labor and birth, the potential advantages and disadvantages, which follow, are primarily derived from experience. This guideline will be updated as more evidence becomes available.

