

The Bottom Line: Waterbirth



One of the biggest controversies in maternity care today is waterbirth. On one hand, some health care providers call waterbirth the “aquadural” because of its pain-relieving and relaxing properties. A childbirth educator who had a waterbirth told us that the hardest part of labor was when she had to leave the tub to empty her bladder. She said, “The contractions felt so much more intense out of the tub than they did in the water.” On the other hand, some health care providers and organizations have concerns about the safety of waterbirth, particularly for the baby. Let’s take a look at the evidence and at professional recommendations.

WHAT RECENT EVIDENCE SAYS	WHAT PROFESSIONAL ORGANIZATIONS SAY
<p>Cochrane Library, 2018 (considered the “gold standard” for research)</p> <p>“In healthy women at low risk of complications there is moderate to low-quality evidence that water immersion during the first stage of labour probably has little effect on mode of birth or perineal trauma, but may reduce the use of regional analgesia. The evidence for immersion during the second stage of labour is limited and does not show clear differences on maternal or neonatal outcomes. There is no evidence of increased adverse effects to the fetus/neonate or woman from labouring or giving birth in water.”¹</p>	<p>American College of Obstetricians and Gynecologists, 2016 Recommendations:</p> <ul style="list-style-type: none"> • “Immersion in water during the first stage of labor may be associated with shorter labor and decreased use of spinal and epidural analgesia and may be offered to healthy women with uncomplicated pregnancies between 37 0/7 weeks and 41 6/7 weeks of gestation. • “There are insufficient data on which to draw conclusions regarding the relative benefits and risks of immersion in water during the second stage of labor and delivery. Therefore, until such data are available, it is the recommendation of the College that birth occur on land, not in water. • “A woman who requests to give birth while submerged in water should be informed that the maternal and perinatal benefits and risks of this choice have not been studied sufficiently to either support or discourage her request. She also should be informed of the rare but serious neonatal complications associated with this choice.”⁸
<p>Midwifery, 2018 (meta-analysis of neonatal outcomes of <u>hospital</u> water births)</p> <p>“As such, water immersion during second stage may be considered a safe non-pharmacologic method for managing labor pain.”²</p>	
<p>Evidence Based Birth: Water Immersion during Labor for Pain Relief by Rebecca Dekker, 2018</p> <p>“...There is evidence to support waterbirth as a reasonable choice for healthy people with uncomplicated pregnancies.”³</p>	
<p>BMC Pregnancy and Childbirth, 2021</p> <p>“In this large observational cohort study, there was no association between waterbirth and specific adverse outcomes in either the mother or the baby. There was evidence that white women from higher socioeconomic backgrounds were more likely to be recorded as giving birth in water. Maternity services should focus on ensuring equitable access to waterbirth.”⁴</p>	
<p>Obstetrics & Gynecology, 2020</p> <p>“Hospital-based deliveries with second-stage water immersion had lower risk of NICU or special care nursery admission and perineal lacerations than matched deliveries in the control group without water immersion.”⁵</p>	
<p>Acta Obstetrica et Gynecologica Scandinavica, 2018</p> <p>“In this low-risk population, waterbirth is associated with positive effects on perineal tears, the frequency of interventions, the duration of labor, and women’s birth experience. Midwives handling waterbirth should be aware of the risk of umbilical cord avulsion.”⁶</p>	<p>American College of Nurse-Midwives, 2014</p> <p>“In summary, labor and birth in water can be safely offered to women with uncomplicated pregnancies and should be made available by qualified maternity care providers. Labor and birth in water may be particularly useful for women who prefer physiological childbirth and wish to avoid use of pharmacological pain relief methods.”⁹</p>
<p>Birth Journal, 2020</p> <p>“In this study, waterbirth was not associated with increased risk to neonates, extensive perineal lacerations, or postpartum hemorrhage. Fewer women in the waterbirth group sustained first or second-degree lacerations requiring stitches.”⁷</p>	
	<p>Royal College of Obstetricians and Gynaecologists/Royal College of Midwives Joint Statement, 2009</p> <p>“Both the RCOG and the RCM support labouring in water for healthy women with uncomplicated pregnancies. The evidence to support underwater birth is less clear, but complications are seemingly rare. If good practice guidelines are followed in relation to infection control, management of cord rupture, and strict adherence to eligibility criteria, these complications should be further reduced.”¹¹</p>

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<http://activebirthpools.com/wp-content/uploads/2014/05/RCOG-waterbirth.pdf>

ADDITIONAL RECOMMENDED RESOURCES ON WATERBIRTH

1. Harper, B. (2014). Birth, bath, and beyond: The science and safety of water immersion during labor and birth. *Journal of Perinatal Education*, 23(3), 124-134.
2. Shaw-Battista, J. (2017). Systematic review of hydrotherapy research: Does a warm bath in labor promote physiologic childbirth? *The Journal of Perinatal & Neonatal Nursing*, 31(4), 303-316.

Waterbirth International: www.waterbirth.org



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