

Consensus Statement: **The Use of Water for Labour and Birth**

The New Zealand College of Midwives (Inc) supports warm water immersion for women during labour as a method of pain management. There is no evidence that remaining in water for the birth of the baby leads to adverse outcomes for the mother or baby where the labour has been within normal parameters ¹⁻⁶.

Women who make an informed choice to give birth in water should be given every opportunity and assistance to do so by midwives who have the appropriate knowledge base ^{7,8}.

Definition:

Water immersion refers to immersion in water by pregnant women during any stage of labour where the woman's abdomen is fully submerged.

Water birth means where a baby is born fully submerged into water.

Rationale:

- Immersion in warm water during the first stage of labour reduces the use of epidural/spinal anaesthesia ¹.
- Immersion in warm water during labour reduces the length of the first stage of labour ³.
- There is no evidence to suggest that immersion in water during labour or birth in water leads to detrimental effects for either the mother or her baby. Whether birth in water reduces perineal trauma or blood loss is unclear and requires further research ^{2,7,8}.
- Water immersion provides increased satisfaction levels for women with the birth experience ⁷.

Practice Notes:

Midwives offering water immersion for labour and for birth are responsible for ensuring women who are interested in this option, have access to accurate and up to date information to enable informed decision making. Plans to labour in water or give birth in water are clearly documented in clinical notes ⁹.

The following guidelines are recommended:

- Water immersion and water birth are considered safe when there are no factors noted in fetal or maternal wellbeing prior to or during labour that would increase the risk of labouring and/or birthing in water ^{5,9}.
- Baseline assessments of both maternal and fetal wellbeing should be done prior to entering the bath/pool and assessments continued throughout the time in water as for any normal labour. A plan for the most appropriate method of fetal monitoring is discussed and agreed with the woman ante-natally ¹⁰. If there are any concerns about fetal or maternal wellbeing the woman should be advised to leave the pool for further assessment ⁸.
- Encourage regular fluid intake by the woman to ensure adequate hydration
- Opioid analgesia is not recommended for women labouring in water ⁷. If the woman has already had opioid analgesia administered and then asks to use the pool, clinical judgement is required as to whether this is appropriate or not.
- Fetal temperature is regulated through the maternal temperature therefore it is advised that the water temperature should be kept as cool as the woman finds comfortable during the first stage of labour to prevent hyperthermia ¹¹

- The temperature should be increased to between 36 and 37 degrees Celsius for the baby's birth⁷.
- Assessment and documentation of maternal temperature and pool water temperatures should be undertaken^{7,9}.
- Inadvertent traction on the umbilical cord as the baby is lifted to the surface may cause the cord to snap (avulsion) – ensure availability of cord clamps at birth¹²
- The baby's body should remain submerged in the water to maintain warmth; skin to skin contact on the mother's chest to maintain the new-born's temperature is recommended⁷.
- Maintain close observation of new-born transition including colour, heart rate, respirations and temperature¹³. In most cases the birth of the placenta should be managed physiologically as for any other physiological birth¹⁴. If uterotonic is required or third stage is prolonged the woman is assisted to leave the bath/pool.
- Further research is required on third stage management as there is currently no reliable evidence that can be used to inform women regarding the benefits and risks of experiencing placental birth under water^{7,8}.

References:

1. Cluett, E. and E. Burns, *Immersion in water in labour and birth*. 2009, Cochrane Database of Systemic Reviews. Issue 2. Art. No.: CD000111.: The Cochrane Library.
2. Henderson, J., et al., *Labouring women who used a birthing pool in obstetric [sic] units in Italy: prospective observational study*. BMC Pregnancy & Childbirth, 2014. 14(17).
3. Dahlen, H., et al., *Maternal and perinatal outcomes among low risk women giving birth in water compared to six birth positions on land*. Midwifery, 2013. 29: p. 759-764.
4. Zanetti-Dallenbach, R., et al., *Water birth, more than a trendy alternative: a prospective, observational study*. Archives Gynecology and Obstetrics, 2006. 274(6): p. 355-365.
5. Geissbuehler, V. and J. Eberhard, *Experience with water births: a prospective longitudinal study of 9 years with almost 4,000 water births*. Gynakologisch-Geburtshilfliche Rundschau, 2003. 43(1): p. 12-18.
6. Geissbuehler, V. and J. Eberhard, *Waterbirths: A Comparative Study*. Fetal Diagnosis and Therapy, 2000. 15: p. 291-300.
7. Maude, R. and S. Caplice, *Using water for labour and birth*, in *Midwifery Preparation for Practice*, S. Pairman, et al., Editors. 2015, Elsevier: Sydney. p. 671-692.
8. Nutter, E., J. Shaw-Battista, and A. Marowitz, *Waterbirth Fundamentals for Clinicians*. Midwifery & Women's Health, 2014. 59(3).
9. New Zealand College of Midwives, *Midwives Handbook for Practice*. 5th ed. 2015, Christchurch: New Zealand College of Midwives.
10. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *Intrapartum Fetal Surveillance Clinical Guidelines*. 2014.
11. Asakura, H., *Fetal and Neonatal Thermoregulation*. Nippon Medical School, 2004. 71(6): p. 360-370.
12. Schafer, R., *Umbilical Cord Avulsion in Waterbirth*. Journal of Midwifery & Women's Health, 2014. 59: p. 91-94.
13. Ministry of Health. *Observation of Mother and Baby in the Immediate Postnatal Period: Consensus statements guiding practice*. 2012 [Retrieved November 2014]; Available from: <http://www.health.govt.nz/publication/observation-mother-and-baby-immediate-postnatal-period-consensus-statements-guiding-practice>.
14. New Zealand College of Midwives, *Consensus statement: Facilitating the birth of the placenta*. 2013.

Bibliography:

Auckland District Health Board (2013) Water for Labour and Birth. National Women's Health Feb

Canterbury District Health Board (2011). The Use of Water in Labour and Birth. Maternity Guideline. Women's & Children's Health. Jan

Gilbert, R and Tookey, P. (2008). Perinatal mortality and morbidity among babies delivered in water: surveillance study and postal survey. *British Medical Journal* 319: pp. 483 – 487, 1999

Johnson, P. (1996). Birth under water – to breathe or not to breathe. *British Journal of Obstetrics and Gynaecology*, 103, 202-208, 1996

Menakaya, U, Albayati, S, Vella, E, Fenwick, J, Angstetra, D. (2013). A retrospective comparison of water birth and conventional vaginal birth among women deemed to be low risk in a secondary level hospital in Australia. *Women and Birth* Vol 26, Issue 2, June pg 114-118

Meyer, S, Weible, C, Woebler, K. (2010). Perceptions and Practice of Waterbirth; A survey of Georgia Midwives. *Journal of Midwifery & Women's Health*. Vol 55, No 1, January/February

Mollamahmutoglu, L, Moraloglu, O, Ozyer, S, et al. (2012). The effects of immersion in water on labour and new-born and comparison with epidural analgesia and conventional vaginal delivery. *Journal of Turkish- German Gynaecological Education and Research Foundation* Vol 13:45-9

Response to joint American College of Obstetricians and Gynaecologists and American Academy of Paediatrics Committee's opinion regarding birthing pool use during labour and water birth. The Royal College of Midwives

Russell, K, Walsh, D, Scott, I, McIntosh, T. (2014). Effecting change in midwives' water birth practice behaviours on a labour ward: An action research study. *Midwifery* 30 e96-e101

Ratification:

This statement was ratified at the NZCOM AGM on 30 July 2015

Original Statement ratified July 2002

References updated 2015

The purpose of New Zealand College of Midwives Consensus Statements is to provide women, midwives and the maternity services with the profession's position on any given situation. The guidelines are designed to educate and support best practice. All position statements are regularly reviewed and updated in line with evidence-based practice.