

ICEA Position Paper

Water Labor and Water Birth

Position

It is well established in the research that maternal relaxation during labor reduces the perception of pain, shortens the phases of labor and may reduce the need for medical interventions such as analgesia and anesthesia. The International Childbirth Education Association (ICEA) supports, for those appropriately screened pregnant women, the use of water emersion therapy during labor and water birth to provide an environment for gentle, physiologic birth.

Background

In nearly every culture throughout history humans have used water baths to ease tension, relieve aching muscles, and reduce pain. The therapeutic use of water, hydrotherapy, is also not new. The first recorded waterbirth was in France in 1805, however several physicians such as Igor Charkovsky, Michel Odent, Michael Rosenthal and Grantly Dick- Read officially introduced it in Russia, France, England and the US respectively. Dr. Odent published his results of the first 100 waterbirths in the Lancet in 1983. His finding confirmed the use of labor hydrotherapy in aiding relaxation, increasing endorphin release and reducing the perception of pain which enhances uterine activity.

Review of the Literature

Hydrotherapy expert Michel Odent outlined his research at the maternity unit at Pithiviers. recording a definite change in labor contractions after immersion (sometimes before emersion). This lead Odent and his team find that hydrotherapy not only actually worked, but the anticipatory feelings of pain relief may also release endorphins. This may be the cause of the improved birth satisfaction seen in waterbirths.

Full emersion, deeply immersed to completely cover the abdomen, promotes optimum physiologic responses, including the release of oxytocin. Entering the water between 3-5 centimeters and remaining there optimally for 2 hours promotes relaxation and labor progression. Recommended temperature of the water is 95-98 degrees F.

Benefits of Water Labor and Water Birth

Numerous studies have significant benefits of hydrotherapy including:

Maternal

1. Increased birth satisfaction
2. Reduced pain perception
3. Increase endorphin release
4. Enhanced relaxation

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5. Reduction in the need for pharmacological pain relief
6. Ease in assuming physiologic positioning leading to increased functional diameter of the pelvis
7. Shortening of the first and second stage of labor
8. Less perineal tearing and trauma
9. Less postpartum hemorrhage

Fetal

Promotes positive maternal and infant bonding behaviors and early skin to skin contact

Safety of waterbirth

Authors of several studies have found no evidence of increased adverse effects with water labor/water birth for the newborn. There were no differences in NICU admissions or APGAR scores, but found a decreased number of Group B strep infections (thought to be attributed to the washing of the newborn and/or the dilution of the bacteria in the water bath).

Contraindications for Waterbirth

The research demonstrates that contraindications for waterbirth may include women desiring a VBAC, where auscultation via fetoscope or doppler is not available, Pitocin induction or augmentation, use of anesthesia, multi-fetal gestation or gestational age less than 37 weeks.

Implications for Practice

Studies confirm the pain reduction effect of warm water immersion for labor. Coupled with the effects of muscle relaxation from hydrostatic pressure and buoyancy allowing for easier movement and positioning hydrotherapy for labor and waterbirth may be an integral part of childbirth education and available to all laboring families, especially those who are requesting non-pharmacologic pain relief.

Waterbirth conferences and workshops are available world-wide to nurses, childbirth educators, doulas, midwives and physicians providing evidence-based research as well as practical, hands-on information.

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Reviewed and revised July 2017 by Donna Walls, RN, BSN, IBCLC, ICCE, ANLC

International Childbirth Education Association

110 Horizon Drive, Suite 210, Raleigh, NC 27615 • Phone: 919-674-4183 • Fax: 919-459-2075 • Toll Free: 800-624-4934 • www.icea.org