

Warm Water Immersion

during Labour and Birth



You may be considering using water for pain relief during the first stage of your labour, or having a water birth. This brochure is designed to help you make an informed choice for you and your baby.

Known Benefits of Warm Water Immersion In Labour and Birth

- Some women believe a water birth is a more natural and less stressful experience for them and their new baby.
- Water immersion in labour provides an environment where women retain control of their birth experience resulting in increased satisfaction and emotional well being.
- Water provides natural buoyancy which enables the woman to relax, allowing her to take advantage of the weightless feeling and concentrate on her birth.
- Water relaxes the mother's muscles and improves blood flow.
- Water may reduce vaginal tearing, thus helping the mother avoid an episiotomy or stitches.
- Randomised controlled trials have found that water immersion in labour decreases women's experience with pain and lowers the use of epidural analgesia and reduces the duration of the first stage of labour (Cluett et al. 2004).

Reasons Why You May Not Be Able To Use The Bath For Labour Or Birth

You may be unable to choose warm water immersion in labour or birth if it has been identified as a risk to either you or your baby. It would not be safe for you to consider warm water immersion for labour and birth if:

- You are experiencing complications of pregnancy eg. Pre-eclampsia, Insulin Dependent Diabetes, Active Genital Herpes, Intra uterine growth restriction (IUGR) etc.
- You are ≤ 37 wks gestation.
- You are pregnant with more than one baby.
- You have a physical impairment that may prevent or impede urgent evacuation from the bath.
- You are a carrier of, or infected with HIV, Hepatitis B or C virus.
- You are febrile or have evidence of infection (temp ≥ 37.6 C or 2 elevated readings 2hrs apart).
- There is evidence of fetal heart rate abnormalities.
- You have had significant bleeding through this pregnancy or previous post partum haemorrhage.
- You require a Syntocinon infusion (for augmentation of induction of labour).
- You have been administered Narcotic pain relief within the past 4 hrs of wanting to immerse in water.
- You are having Epidural analgesia
- If you have a BMI equal to or greater than 35 at time of birth.
- Insufficient midwifery staff available who have been certified to manage warm water immersion.

You Will Be Asked To Leave The Bath For The Following Reasons

- If there is any deviation from the norm.
- If your temperature goes above 37.5°C.
- Bleeding.
- Meconium liquor.
- If your baby becomes distressed.
- If you request narcotic / epidural pain relief.
- If your blood pressure becomes elevated.
- Abnormal labour pattern or poor uterine action.
- Any other reasons for the midwife to be concerned about you or your baby's welfare.
- Any other emergency situation.

Preconditions For The Use Of Warm Water Immersion In Labour and Birth

- Your baby must be in Cephalic presentation, meaning that the head will enter the pelvis first.
- It is a condition for immersion in water during labour that your pregnancy is uncomplicated and you are capable of standing, entering or leaving the water unaided.
- Water immersion too early in labour or prolonged water immersion may impede progress of the labour or prevent establishment of active labour. It is therefore preferable that women be in established labour before using water immersion.
- You must never be alone while immersed in the water.
- You will allow fetal monitoring as requested by your midwife or doctor.
- The bath or pool must be filled with only pure tap water with no additives such as bath oils, gels, soaps or salt.
- When sitting in the bath or pool, the water should reach the level of your breasts.
- You should feel comfortably warm.
- You can leave the water at any time.
- You must leave the water to urinate.
- You should keep well hydrated throughout labour to avoid dehydration. You must leave the water when advised to do so by the midwife and/or doctor.

If You Choose To Birth In Water

- All the conditions for using water during labour must be met at all times.
- You must be assisted when you leave the water to avoid any injury to you or your baby.
- Your baby should be born completely under water, with no air contact, and raised to the surface as soon as possible after birth – otherwise your baby is born completely out of the water.
- Your baby's cord will not be cut under water.
- Your baby will be kept warm after birth using skin-to-skin contact, drying of your baby's head and keeping the rest of their body under water.
- Your baby must be removed from the water immediately if he/she needs help to breathe.
- You must leave the water for the delivery of the placenta after the baby is born unless you want to have a natural third stage.
- You will have signed the 'Warm Water in Labour and/ or Birth Agreement' provided by The Sunshine Coast Private Hospital.

Further Reading

It is advised that you seek more information about the use of water for labour and/ or birth which will help you to be fully prepared for the experience.

There are many informative websites and research articles on Warm Water Immersion in Labour and Birth including the latest Cochrane review which provides a full overview of all the latest research and information. This review can be found on the Cochrane library - www.thecochranelibrary.com

If you have any further questions or require additional information please discuss the use of water during labour and/or birth with your Obstetrician or Midwife.

In Conclusion

While water immersion in labour is growing in popularity, there is still disagreement among professionals as to the advantages/disadvantages of using water for labour and birth. Although there is no conclusive proof that water improves outcomes of labour, there does seem to be a growing consensus that water immersion during labour should remain a choice for pregnant women.

In a study published in 2012, Cluett et al concluded that: 'Evidence suggests that water immersion during the first stage of labour reduces the use of epidural/spinal analgesia and duration of the first stage of labour. There is limited information for other outcomes related to water use during the first and second stages of labour, due to intervention and outcome variability. There is no evidence of increased adverse effects to the fetus/neonate or woman from labouring in water or waterbirth. However, the studies are very variable and considerable heterogeneity was detected for some outcomes. Further research is needed.'

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The Sunshine Coast Private Hospital recognises that women have a right to be informed and make the choice to use water during labour and/or birth.

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