



Benefits of a Water Birth

PHYSICAL BENEFITS:

Reduced perineal damage

All recent studies show a significant reduction in damage to the perineum for those women who give birth or labour in water.^{4,5}

Reduction in the use of epidurals, narcotics and their side effects

A number of recent retrospective audits ^{4,5,7} conclude that the use of narcotics and epidurals is significantly lower when you labour in a birthing pool. In the Oxford study (Burns 2001)⁴ there were twice as many epidurals in those who did not use water. Correspondingly, significantly more pool users had a spontaneous vaginal birth.

There may be a number of interrelated reasons for this reduction in the uptake of epidurals and narcotics: -

Sensations of heat and pain are thought to travel along the same nerves, so the conduction of the heat sensation limits the pain sensation you feel.²

The sense of security, warmth and being held that immersion in warm water offers help you to cope with your pain and not become overwhelmed.

An increase in the supply of oxygenated blood to your uterine muscles helps to flush out the toxins built up by muscle action, which in turn helps to reduce the level of muscle pain you feel.

Otigbah (2000)⁸ also points out the very practical effect of hospital protocols. Many hospitals require a midwife to be present at all times when you are in the pool. This allows midwives the opportunity to offer you one to one uninterrupted care, support and encouragement. This may make all the difference to your perception of whether or not you can cope.

Buoyancy

This allows you to choose the least painful and most effective positioning in labour for you.

Buoyancy also means that there is less stress on the postural muscles. Less muscular tension may result in a decrease in catecholamines (stress hormones) and an increase in oxytocin production.²

Maximisation of oxygenated blood available to your uterine muscles

Less oxygenated blood is needed by the muscles to maintain posture against gravity or to maintain body temperature in a warm pool, leaving more oxygenated blood available for uterine muscles.³

Ockenden (2001)⁶ suggests that the change in blood volume distribution which causes an increase in central blood flow may have the effect of increasing uterine blood flow.

Buoyancy helps take the weight of the uterus so that if you choose to be in a more prone position the blood vessels are less constricted, allowing blood to flow more freely into the uterus.³

Reduction in blood pressure

It has been noted that elevated blood pressure could be dramatically reduced by getting in warm water. This could have implications as a treatment option for you if you have a pregnancy induced high blood pressure.

EMOTIONAL BENEFITS:

Mobility

The buoyancy that water offers helps you feel in control of your labour. You can easily manoeuvre yourself into the most comfortable and effective position for you.

Security

The supportive nature of water encourages feelings of security and privacy - essential in supporting the natural process of birth.¹ The physical qualities of a birthing pool also offer you an additional physical and psychological barrier to any unwanted interference.

Reduction in sensory stimulation

The constant warmth and ability to float helps to get you in a space of inward focus and concentration.

Gentle transition from your womb to your arms

Anecdotally, babies that are born underwater take longer to respond than those born on dry land, perhaps because the transition is gentler and they take time to 'realise' they have been born. The warm supportive environment may also assist in early breastfeeding.

Relaxation

The warmth and support of water encourages you to relax. This in turn helps promote the normal physiological progression of labour, encouraging endorphin and oxytocin production, and helping to ensure you do not feel overwhelmed.

Benefits associated with relaxation in water

It is not clear exactly why immersion in warm water produces a feeling of relaxation. What is clear is that it does.

The relaxation that is encouraged by warm water produces a number of physiological benefits to the labouring woman.

Reduction in catecholamines (stress hormones)

If you are more relaxed you are unlikely to produce extra catecholamines, which can stall early labour, and clear the body of endorphins while the surge lasts. Adrenaline introduced at the wrong time may also cause your uterine contractions to become uncoordinated at the same time as natural pain relief has been diminished.⁶ This all feeds into a circle of fear. Although fear and stress are not the cause of a painful labour they do amplify it.

Encouraging endorphin and oxytocin production

The relaxation that immersion in warm water produces helps you increase your production of endorphins (nature's own pain killers) as part of your natural physiological response to pain in labour. This in turn helps you relax more and maintain a sense of well being.

Your body's natural production of oxytocin (to stimulate contractions) is also enhanced.

References

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|------------------------|--|--|----------------------------------|
| 1 Odent M | Birth Reborn | Ouvinir Press | 1994 |
| 2 Ockenden J | Water Labour and Birth | The practicing Midwife | 2001 4(9) |
| 3 Lichy R | The waterbirth Handbook | Gateway Books | 1993 |
| 4 Burns E | Waterbirth | Midirs Midwifery Digest | Sept2001Vol 11 |
| 5 Geissbuhler V | Waterbirths a comparative Study | Fetal Diagnosis and Therapy | 2000 15:5 |
| 6 Ockenden J | The Hormonal Dance of Labour | The Practicing Midwife | 2001 4(6) |
| 7 Garland D Jones K | Waterbirth Supporting practice with clinical audit | Midirs Midwifery Digest | Sept2000vol 10 Dec 2002 vol12 |
| 8 Otigbah C M | A retrospective comparison of waterbirths and conventional vaginal deliveries | European Journal of Obstetrics and Gynecology and Reproductive Biology | 2000 91(1) |
| 9 Eckert K Turnbull | Immersion in water in the first stage of Birth labour: A randomised Controlled Trial | | June 2001 28:2 |
| 10 Richmond | Theories surrounding Waterbirth | The Practicing Midwife | 2003 6(2) |