

LABOUR IN WATER

Introduction

There are many ways in which a labouring woman and those providing care for her can either work with the natural process, or interfere. How you will manage pain is a decision that you need to consider in planning for spontaneous, unmedicated birth. Deep water immersion is a valuable, non-medical, drug free 'comfort measure' for women in labour. A pool or bath has a relaxing, calming, positive effect on everyone in your birth environment – you, your baby, your partner, your support people, and your care providers.

Ahhhh!

Who hasn't enjoyed the relaxation and relief from a warm bath at the end of a long or hard day? In the same way, using water immersion during labour can help you by changing your awareness of pain, reducing anxiety, relaxing you physically, mentally and emotionally, and allowing active labour to progress. It can facilitate the natural birth process and reduce the need for pharmacological pain relief or other intervention.

Information to consider ...

Warm, deep water immersion appears to help in a number of ways:

- It reduces the effects of gravity, conserving your energy and helping you to stay active. It provides freedom of movement and a feeling of weightlessness that helps you to spontaneously move into various positions to best work with your contractions, and to rest in between.
- Deep water stabilises blood pressure, promotes better blood circulation, and physically changes the muscle tone of your back, abdomen and uterus. This improves blood flow to the baby, reduces pain, and helps you to relax. This in turn helps the uterus to contract efficiently, which promotes the progress of your labour. It also relaxes the pelvic floor, and allows baby to more easily move into the best position for birth.
- The positive feeling of warm water on the skin alters pain perception and 'blocks out' the negative pain messages. It decreases stress hormones (adrenaline), and allows your

birth hormones such as endorphins (your natural pain relief) and oxytocin (for efficient contractions) to flourish in response to the demands of labour. Using water, you may be happy to continue without other forms of pain management.

- Water creates and protects a private space in which to labour, and you may have a feeling of really "owning" the space. You may feel less vulnerable and less exposed 'under the cover' of the water, which helps you to labour more instinctively. Deep water immersion discourages distractions such as people poking and prodding your belly or peering at your perineum.
- The use of water may allow you to feel more 'in control' of the labour. By staying active and avoiding medication, the use of water may allow you to develop feelings of accomplishment, success, and control, which will result in a deeper satisfaction with your birth experience, and more emotional well-being after baby's birth.

When to use water?

- When labour is not yet established (dilation of less than 3-4cm often with irregular contractions, whether it's called spurious labour, false labour, pre-labour, or early labour). A deep warm bath may relax you and help labour to become established OR it may relax you and slow or stop the contractions to help you rest and wait for labour.
- In established labour. Water immersion is suitable to use for pain management and relaxation in first stage, for low-risk women, with an uncomplicated pregnancy at 37-42 weeks. **You would be wise to discuss with your midwife, doctor, or hospital, and know what their policy is regarding eligibility and exclusion criteria, and in what circumstances you might be asked to leave the water.**
- Failure to progress (or dystocia). A labour that seems to be stalling, or 'going off the boil' is often associated with tiredness, stress, incoordinate contractions, and apparently little progress. Deep water immersion may help reverse this, decreasing the stress hormones and allowing your birth hormones to surge, and helping the labour to 'speed up' once again. Using water in this way has been shown to reduce the need for augmentation by hormone drips or artificial rupture of the membranes, and subsequent epidural.

LABOUR IN WATER (CONTINUED)

- *"I have to have something... anything!"* If you feel that you have 'run out of tricks' to manage your contractions, and that the time has come to have 'something' then a bath may just be the best thing to have. The warm water stimulates the nerve fibres on the skin to transmit pleasurable messages, effectively blocking out the transmission of the pain messages. Using water in this way has been shown to reduce the need for epidural. Nitrous oxide (or 'the gas') can be used while in the bath, however pethidine or other narcotics should not be used with deep water immersion.

When to leave the water:

- If you feel you want to leave the water as your labour progresses, do so! You can come and go to the pool or tub as you choose.
- Your midwife may suggest you leave the water if the labour seems to be slowing down, to walk around and use the effects of gravity to re-establish labour.
- If the bath becomes heavily contaminated with blood, debris, or faeces, you may be asked to leave while it is drained and refilled.
- You may be asked to leave the tub if baby's birth is very close – you would be wise to check with your midwife, doctor, or hospital for their policy on water birth.
- If there are concerns or any indication that you or baby are

not well – for example: maternal temperature, pulse, or blood pressure out of the normal range; irregularities in baby's heart rate (decelerations), unusually fast (tachycardia) or unusually slow (bradycardia); meconium stained liquor; unusual bleeding.

- If you decide to request a narcotic drug such as Pethidine, or an epidural.

In summary ...

Water is safe... calming... private... effective pain relief... quick... easy... good for mother and baby... **and it works!**

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References:

Government of South Australia, Department of Health (2005). *Policy – First stage labour in water*. Adelaide: Healthy Start Clinical Reference Group. Available at <http://www.health.sa.gov.au/>
Hart, R. (2003). *Pethidine vs deep water immersion*. Unpublished. Literature review undertaken in Bachelor of Midwifery studies at Australian Catholic University.

Credit: This *INFOSHEET* is based on the work of Rebecca Hart. References to academic published material are available at www.maternitycoalition.org.au, or by email to inquiries@maternitycoalition.org.au

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