



# Bairnsdale Maternity Care

## The Power of Water



Information about labour and birthing in water



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## The Power of Water

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### The potential benefits of water for labour and/or birth

- ◆ **Greater comfort & mobility.** You have the ease of freedom and weightlessness to allow you to move and change position. This helps the baby into a better position so it can move down the birth canal easily.
- ◆ **Reduction of pressure on the abdomen.** Buoyancy promotes more efficient uterine contractions and better blood flow, resulting in better oxygen for the uterine muscle, less pain for you and more oxygen for your baby.
- ◆ **Helps the mother conserve energy.** Immersion reduces the drag of gravity on the body, supporting your weight so that your energy is conserved and focussed on the labour.
- ◆ **Promotes deep relaxation.** As you relax deeply in water, your labour hormones are released and you start to progress faster and with more rhythm, labour becomes more efficient.
- ◆ **Water relaxes** the pelvic floor helping the descent of the baby through the pelvis.
- ◆ **Water helps lower blood pressure** which can be raised by anxiety and pain.
- ◆ **Water changes consciousness.** Immersion helps relieve anxiety and promotes relaxation. Water helps you 'let go' and focus inwards as labour strengthens.
- ◆ **Easier breathing.** Moist, humid air makes it easier to breathe and can be helpful to women with asthma.
- ◆ **Facilitates and often shortens the second stage of labour.** Many mothers are less inhibited in water. The warm water also softens the vagina, vulva and perineum, leading to fewer injuries to these tissues.
- ◆ **Easier, gentle transition** from womb to world for your baby.



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- ◆ **Less chance of birth trauma**, interventions and drugs affecting your baby, often resulting in a calmer, more alert newborn
- ◆ Water birth facilitates **earlier breastfeeding**.



### Preparation and care for birthing parents

The use of water in labour and for birth has been researched and discussed for centuries, and has many beneficial effects for both mothers and babies. However, there are some aspects that you need to explore, understand and research yourself before taking 'the plunge'.

Examine your own motivations, incentives and expectations for wanting to labour and/or birth in water. Ask yourself what made you decide to have a water birth and why. Is it something you are doing for yourself, or are you doing it because someone else expects you to? Remain flexible and let go of all your expectations that you must birth your baby in a particular way. Examine how you might feel if your baby is not born in water. Get in touch with your feelings and fears. Most important, develop and learn to trust your own instincts.

Discuss your thoughts and options with your partner, support person and midwife. Your support team need to know what you are considering so questions, fears and concerns can be worked on together before the birth. Attending classes can also help you and you partner prepare and understand, as well as guiding you to further reading, information, videos and websites.



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### Bath/pool

The bath/pool needs to be large enough for you to sit and move comfortably and deep enough for the water to cover your abdomen. The deeper the water, the greater degree of buoyancy, and therefore energy conservation. During labour, your midwife will regularly check the water temperature, which should remain 34° and 37°C and may need to be heated or cooled as the need arises.



Having music, minimal noise, dim lighting and aromatherapy in the room/bathroom can help provide an intimate and private space for you and your partner during labour. These also assist you to relax and help focus within, thus reducing your perception of pain and enhancing your labour. We can provide you with a CD player, electric oil burner & essential oils to aid you in creating this relaxing environment.

### Eating and drinking

Drink to thirst. Ask your partner and support person to remind you to sip water/energy drinks frequently throughout labour. Dehydration can lead to fatigue and a poorly functioning uterine muscle. Remember, the uterus is working really hard towards birth and needs energy to perform properly. Women rarely want to eat when in good labour, however if you feel hungry choose light, easily digestible foods.

### When to get in the bath/pool

You may enter the bath whenever you feel the need, however research has shown that entering the bath before 4-5cm dilated on vaginal examination may slow or even stop labour. We suggest you wait until your contractions are well established so the pain relieving effects of the water can be maximised. Your midwife can help assist you choose the right time. If labour does slow down, simply hop out of the bath for a while. Have a walk around or change your position until the contractions become stronger, closer together and last longer. Then if you feel ready, you can get back into the bath. Movement and position changes during labour can help your baby manoeuvre its way through the birth canal.



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### Birth

The process of birthing in water is exactly the same as birthing on land, except it is under water. This is the important difference. Your bottom **MUST** remain under the water throughout the birth, until the whole of your baby is born.

If you decide to stand at the last minute, or are asked to do so for a particular reason by your midwife, you **MUST REMAIN STANDING** until the birth is complete. This is because the coldness of the air on baby's head can stimulate it to breathe and if you go back under the water, the baby has the potential to inhale water.



If the baby hasn't been subjected to the coldness, there isn't the stimulus to breathe. Babies also have a 'dive reflex' that tells them the environment in front of their mouth is water and not air. Their brain is then signalled not to breathe, which is how they live and grow in the watery environment of the womb for the 9 months of pregnancy. Your baby is also still receiving oxygen via the cord until it is cut after birth.

Once the baby is born, it is brought straight to the surface. You can reach down and do this yourself or you may like your partner to do it. If not, your midwife will aid your baby's surfacing.

### Love at first sight

As your baby emerges through the water to meet you face to face, the anticipation, excitement, relief and love can be overwhelming. This is a very important time for you both as new parents, as well as for your baby, to get to know each other further. Your baby has been hearing you in utero for some time and will now try to focus and identify your face with your voice.





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The placenta may still be attached, continuing to pump rich blood and oxygen to your baby. It is important at this time that your baby does not get cold, so a little woollen hat or face washer over its head will help keep it warm.

The body of the baby can be submerged in the bath water, ensuring its face stays clear of the water. Provided all is well, you can decide when you leave the bath.

### What about the placenta?

Unaided, the placenta may take 20-60 minutes to gradually separate from the wall of the uterus, before it too is birthed (known as physiological management of 3<sup>rd</sup> stage). Some mothers choose to stay in the bath during this time to breast feed, bond and get to know their baby. If you are considering physiological management, please read our brochure on this to ensure you are suitable and sign accordingly with your water birth consent form.

Other mothers choose to have a drug called an Oxytocic to speed up the separation process and birth of the placenta. Either way you elect to manage the 3<sup>rd</sup> stage, you can choose to get out of the bath, or simply stand and birth the placenta into a bowl provided by the midwife. Think what you would like to do with your placenta. The hospital is more than willing to take care of it for you, however some mothers take it home for cultural reasons, or to plant a tree or rose bush on, as it has been a life support system for your baby for 9 months.



### What next?

If you have decided you would like to have a water birth, you will need to sign a consent form available from the hospital, which will be included in your hospital file. Ensure you discuss your wishes with your partner & support person, and that they have read this



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information, so they can support you in your choice. Keep in mind that if it does not happen, it is not the 'be all and end all', water birth is simply another option available to help you birth.

There may be many reasons why despite your initial plan to have a water birth, it does not happen. There needs to be at least one staff member present who is qualified or accredited in water birth. If there is no accredited staff available to attend the birth, you will be asked to leave the water prior to your baby's arrival.

A variation from the normal process of pregnancy or labour may result in the development of factors that may medically exclude you from having a water birth. This does not mean that you can't have a normal, natural birth, just that the water is not the safest environment to birth your baby into. You may simply get to a point in your labour where you feel the bath or pool is not the 'thing' for you. The desired outcome is always a healthy mother & baby, wherever & however your baby is born.

### Myths vs. realities

- ❖ **Myth:** Anyone can have a water birth

**Reality:** Because of pre-existing or developing medical or pregnancy related problems, some pregnancies are deemed 'high risk'. There may be concerns about the baby & the mother may need continuous electronic monitoring in labour. There are a number of situations where waterbirth is not advised. See BRHS's waterbirth Policy for more details.

- ❖ **Myth:** The baby will drown

**Reality:** A healthy, full term baby who is not affected by drugs will not take its first breath until it comes into contact with air. Specialised pressure, temperature and chemical receptors in the baby's mouth and on its skin signal the baby when it reaches the surface of the water and stimulates breathing.

That is why baby is brought to the surface immediately after being born. Baby is also still receiving oxygen via the umbilical cord until it is clamped or stops pulsating.





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- ❖ **Myth:** You can't have a waterbirth if your waters have broken prior to the start of labour.

**Reality:** Most women will go into labour on their own within a day or two of their waters breaking. A small number require their labour to be induced when it does not start on its own. Many doctors recommend women start on antibiotics to reduce the potential for infection. This does not preclude women from having a waterbirth.

- ❖ **Myth:** You can't have a waterbirth if you are GBS positive

**Reality:** As long as antibiotics have been commenced, it is still safe to have a waterbirth. Research actually proves the transmission of GBS is **reduced** in waterbirth.

- ❖ **Myth:** The baby won't breathe, cry or 'pink up' quickly after waterbirth

**Reality:** The baby will begin breathing as soon as it is brought above the water. Often as the cord is left intact for longer than in a land birth, the baby is still receiving the bulk of its oxygen requirements through the cord. The baby may stay a purplish colour slightly longer. This is not a sign of any problem, in fact babies born in water tend to have better APGAR scores and require less resuscitation. Leaving the cord to stop pulsating on its own is actually better for babies. Water born babies are also often quieter than those born on land and may not cry heartily when born initially due to the more gentle transition from womb to extra-uterine life. They are generally calmer and alert as the labour has been straightforward and the baby has not been exposed to any medications which otherwise alter its behaviour.





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- ❖ **Myth:** Using the bath can slow down or stop labour.

**Reality:** If you are not in established or active labour, it can indeed slow down contractions. This is often a sign from your body that it is not quite time for baby to arrive, and you need to rest & prepare for when it does happen. Sometimes your midwife or doctor may suggest a vaginal examination to determine if you are in active/progressive labour before entering the water.

- ❖ **Myth:** You have to be naked in the bath

**Reality:** You may wear whatever you like in the bath, bathers, a tank/singlet top, etc. As you get closer to the time of birth, you will need to remove your bather bottoms or underpants so your caregivers can observe your progress & aid the birth.

- ❖ **Myth:** The bath water becomes 'contaminated' and dirty

**Reality:** After most waterbirths, the bath water stays relatively clear. Childbirth can be a messy business but is not a 'sterile' procedure. There may be blood, liquor, vernix and occasionally faeces in the water. However, once in the pool the volume of water dilutes everything. Usually your care giver will use a strainer to remove visible debris. As the mother's germs are her own, she has already built immunity to these. Research has also shown that a baby's intestinal tract actually benefits from exposure to the mother's fluids, secretions and faeces. Neonatal infection rates are lower in waterbirth compared to birth on land.

- ❖ **Myth:** Waterbirth is not offered in many large tertiary hospitals (such as the Mercy & the Royal Womens) and is therefore not safe

**Reality:** There are many reasons why a hospital chooses not to implement certain options for women. Some hospitals do not offer elective epidural on demand. Does that mean epidurals are not safe? This may be a case of the adequate provision of services rather than an issue of safety. Water birth has been widely researched and practiced in many hospitals and birth centres across the country and overseas, and practiced within accepted guidelines is safe for low risk women.



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**If you, your partner or family have any questions about any aspects of waterbirth, please make an appointment with your midwife or doctor to find out more information and ask questions.**



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Patient identification label

### Water Birth Consent Form

I, .....  
(Client's name – please print)

would like to confirm my intention to have a Water Birth. I have read the client information package provided, and I am aware of the exclusion criteria.

I agree that if I am requested to leave the bath by the attending Water Birth accredited staff for the health and safety of either myself or my baby, I will do so as quickly as possible.

I understand and agree that a Water Birth accredited staff member must be present, and if none are available, I will be requested to leave the bath for birth.

Client's signature: ..... Date: .....

Witness' name (please print).....

Witness' signature.....Date:.....

*After a physiological birth (one without drugs or intervention), women may wish to consider a physiological approach to the management of the 3<sup>rd</sup> placental stage of labour also. Clients are encouraged to make a conscious, researched choice. Please indicate your preference*

Physiological: Expectant or “wait & see” approach. May take longer. I have also read the information and policy on physiological management of 3<sup>rd</sup> stage, and would like to confirm my intention of having such management if I meet the criteria

Active: Where prophylactic injection (Intravenous or Intramuscular) injection of Oxytocic hormone is given to hasten 3<sup>rd</sup> stage

Client's Signature: ..... Date: .....

#### Midwife/Doctor to complete this section:

I, .....  
(Midwife/Doctor's name – please print)

have discussed Water Birth and management of 3<sup>rd</sup> stage with the above named client and provided her with written information and an opportunity to discuss any queries or concerns.



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### References

Balaskas, J. *The Water Birth Book*. Thomsons. London. 2005

Cluett, E.R., Nicodem, V.C., McCandish, R.E., Burns, E.E. "Immersion in water in pregnancy, labour and birth". *The Cochrane Database of Systemic Reviews*, 2009, Rev(2), CD009111. \_

Chaichian, S.; Akhlaghi, A.; Roustaf, F.; Safavi, M. "Experience of Water Birth Delivery in Iran". *Archives of Iranian Medicine*, 2009, 12(5): 468 – 471.

Geissbuehler, V., Stein, S., Eberhard, J. "Waterbirths compared with landbirths: an observational study of nine years". *Journal of Perinatal Medicine*, 2004, 32(4): 308-314.

Henderson, J.; Burns, E.; Regalia, A.; Casarico, G.; Boulton, M.; Smith, L. "Labouring women who used a birthing pool in obstetric units in Italy: prospective observational study." *BMC Pregnancy and Childbirth* 2014 14:17.

Government of South Australia: Department of Health. *Policy-birth in water*. Dec, 2005.

Johnson, P. "Birth under water-to breathe or not to breathe". *BJOG*, 103(3), March 1996

Lukasse, M.; Rowe, R.; Townend, J.; Knight, M.; Hollowell, J. "Immersion in water for pain relief and the risk of intrapartum transfer among low risk nulliparous women: secondary analysis of the Birthplace national prospective cohort study." *BMC Pregnancy and Childbirth*, 2014, 14:60.

Mollamahmutoğlu, I.; Moraloğlu, O.; Özyer, S.; Akın Su, F.; Karayalçın, R.; Hançerlioğlu, N.; Uzunlar, O.; Dilmen, U. "The effects of immersion in water on labor, birth and newborn and comparison with epidural analgesia and conventional vaginal delivery." *J Turk Ger Gynecol Assoc*. 2012; 13(1): 45–49.

Royal College of Obstetricians and Gynaecologists/Royal College of Midwives Joint statement No.1. "*Immersion in water during labour and birth*". April 2006.

Zanetti-Dallenbach, R., Lapaire, O., Maertens, A., Holzgreve, W., Hosli, I. "Waterbirth, more than a trendy alternative: a prospective, observational study". *Arch Gynecol Obstet*. 2006, July.