

WATERBIRTH FREQUENTLY ASKED QUESTIONS

Prepared by **Birth Matters** Consumer Group SA March 2006.

Why doesn't the baby drown?

During labour and birth the baby continues to be supplied with oxygenated blood via the placenta and umbilical cord. Babies do not inhale until they emerge completely from the birth canal and receive stimuli which signal it's time to breathe (mainly change of temperature and change in blood flow from placenta to baby). The amniotic fluid which surrounds baby in utero is comprised almost completely of water and the baby does not make breathing actions when born into water as there is no detectable change in temperature and composition of the fluid which bathes them and their lungs.

When should I get in the pool?

The labouring woman should be free to choose when she enters or leaves the water. She will know when the immersion is 'working' for her or when a change is necessary. Some practitioners advise that water can slow labour and to be aware of this if not experiencing strong, regular contractions (so called 'established' labour).

What is the ideal temperature?

Women vary in what they find the most comfortable water temperature to labour in, however caution is advised to not make the water too hot (possible dehydration and discomfort for mother/ 'overheating' for baby in utero) or too cold, especially if planning to birth into water (may not give good relief and might stimulate the baby to breath under water). Suggested ranges are 35-37 degrees C for labour, 37-37.5 for birth. An experienced birth attendant will be able to unobtrusively gauge water temperature and adjust it to suit with minimal disruption to the labouring woman.

How deep should the water be?

Deep immersion seems to be most comfortable for most women, that is, covering up to about chest deep when sitting/squatting with the whole belly submerged. The tub should ideally allow the woman to stretch out, roll over or float as she needs to. When birthing into water the baby should remain submerged until completely born, therefore a deep bath is essential for this.

Can I get in the water if my membranes have ruptured?

Much debate revolves around this question, with the main concern being infection to the baby and mother from bacteria ascending the birth canal. Keep in mind the flushing action of amniotic fluid descending the vagina and the fact that pathogens are greatly diluted in the large volume of water held by the birth pool. Rupture of membranes is not generally seen as a contraindication to water immersion in labour and waterbirth as long as the mother and baby are well. Risk of infection increases with interventions such as vaginal examination, artificial rupture of membranes and application of fetal scalp electrodes.

How long can I stay in the water?

Personal preference will dictate how long you stay in the water. Discuss with your practitioner their usual practice in regards to length of time spent in the pool. Some women prefer to leave the tub to pass urine, but since urine in a well women is sterile, and the overall volume of the tub is so great, there is little need to do this for infection control reasons. Faeces and other debris that enter the water during labour can be removed with a scoop/sieve. Some texts advise changing the water after 24 hours. Be aware that you may need to spend a few contractions in the tub to start feeling the benefits if they do not become obvious straight away- give it time!

What other comfort measures/pain relief can I use if I'm in water?

Massage, acupressure, homoeopathy, aromatherapy, loving encouragement from birth partner or midwife, breathing and visualisation are some measures which complement the use of water in labour. Be sure to eat and drink as you desire- dehydration can contribute to increased discomfort and slowed labour. Use of sedating medication i.e. nitrous oxide ('laughing gas') or pethidine when in water holds some obvious concerns.

How will I know if my baby is okay?

The same skills your birth attendant uses on 'dry land' to assess the wellbeing of you and your baby and the progress of labour apply when you are labouring in water. Fetal heart sounds can be checked with water proof Doppler ultrasound equipment (stocked in most maternity units). Maternal temperature, pulse and blood pressure are easily assessed with the women in the tub and vaginal examinations can be done underwater.

How long will it take to fill the bath/tub/pool?

Be aware that bath will take some time to fill. How long will depend on the size of the bath, your water supply, hot water system and water bearing helpers! Consider partially filling the tub in early labour, covering it with fitted sheet to keep in heat, then top up when just ready to hop in.

Do I need to add anything to the water?

No detergents or antiseptics should be added to the water. If planning to birth into water be cautious if using massage or aromatherapy oils which will come into contact with baby at birth. Some women have added salt to change the osmolality of the water (thought to reduce 'water logging' of skin).